



ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

30 June 19, 2012

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

Los Angeles County
Board of Supervisors

June 12, 2012

Gloria Molina
First District

Mark Ridley-Thomas
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**APPROVAL TO AMEND HEALTHY WAY LA CARE INITIATIVE
AGREEMENTS
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

Mitchell H. Katz, M.D.
Director

Hal F. Yee, Jr., M.D., Ph.D.
Chief Medical Officer

Christina Ghaly, M.D.
Deputy Director, Strategic Planning

SUBJECT

Request approval to amend the Healthy Way LA Health Care Initiative agreements to implement programmatic and administrative changes.

313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213)240-8101
Fax: (213) 481-0503

www.dhs.lacounty.gov

To ensure access to high-quality,
patient-centered, cost-effective health
care to Los Angeles County residents
through direct services at DHS facilities
and through collaboration with
community and university partners.

IT IS RECOMMENDED THAT YOUR BOARD:

Authorize the Director of Health Services (Director), or his designee, to execute amendments to current Healthy Way LA (HWLA) Agreements, substantially similar to Exhibit 1, with the Community Partners listed in Attachment A, effective upon Board approval, through December 31, 2013, to permit the Department of Health Services to implement programmatic and administrative changes, as detailed herein.



www.dhs.lacounty.gov

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

On November 2, 2010, the California Department of Health Care Services (DHCS) and Centers for Medicare and Medicaid (CMS) entered into a new 1115 Waiver, commonly known as the California Bridge to Reform, for a five year period, commencing November 1, 2010. This Waiver provides the framework to move to federal Health Care Reform in 2014 for Medicaid Coverage Expansion (MCE) enrollees who are adults, aged 19-64, with income at or below 133 percent of the Federal Poverty Level (FPL) and who meet citizenship or legal residence requirements. The Waiver will provide health care coverage expansion, continued partial funding of public hospitals' uncompensated costs, new funding for delivery system improvements at public hospitals, Medi-Cal Managed Care coverage for Seniors and Persons with Disabilities (SPDs), and federal matching funds for various State-only funded programs.

On December 14, 2010, your Board authorized the Director, acting on behalf of the County, to participate in the new California 1115 Waiver and its Low Income Health Program (LIHP), and to submit all documents necessary to implement its intent to participate. Your Board also authorized the Director to expand HWLA in accordance with the Waiver's terms. DHS submitted its LIHP application to DHCS on February 14, 2011, and received initial approval on April 12, 2011.

On June 14, 2011, your Board approved the current HWLA Agreement with Community Partners covering HWLA-Matched and Unmatched Services for the HWLA Health Care Initiative Program to implement the MCE component of the LIHP, as part of the California 1115 Waiver. These agreements replaced the previous Public Private Partnership (PPP), HWLA, and SB474 contracts. On September 20, 2011, your Board delegated authority to DHS to execute amendments to existing HWLA-Matched agreements and to offer new HWLA-Matched agreements, to accommodate the transition of current Ryan White Care Act (Ryan White) program clients to HWLA. On January 10, 2012, your Board delegated authority to DHS to amend existing Community Partner agreements to implement administrative and programmatic changes in order to respond to the evolving needs of the HWLA Matched and Unmatched Programs.

Implementation of the HWLA program has come with challenges and provided many lessons during this past year. Through the concerted efforts of DHS staff and the Community Partners, there is consensus among the parties to the HWLA Agreements that the recommended amendment takes a significant step toward improving HWLA for all the stakeholders, the most important being the patients who obtain services through the HWLA Matched and Unmatched Programs.

Approval of the recommendation will allow the Director, or his designee, to execute amendments, substantially similar to Exhibit I, to make administrative and programmatic changes that go beyond the scope of the delegated authority approved by your Board on January 10, 2012. The recommended changes include:

- Extending the County's commitment to reimburse Community Partners for pharmaceuticals at 340B drug acquisition cost beyond June 30, 2012, to the expiration date of the Agreement (December 31, 2012). At the time the Agreement was developed, it was anticipated that DHS, in conjunction with the Community Partners, would explore alternative payment mechanisms including alternative means by which the County may be able to assist the Community Partners in obtaining pharmaceuticals in advance of the June 2012 date for the termination of pharmacy reimbursement. While DHS and the Community Partners are still looking at alternative payment structures, it is unlikely that any change will be implemented by June 30, 2012. In addition, with the pending transition of Ryan White program clients into HWLA, DHS' focus with regard to pharmaceutical reimbursement has shifted to establishing a 340B contract pharmacy administrator services

arrangement and pharmacy network to ensure this patient population is not substantially impacted by the move from one payer source to another.

- Extending laboratory and radiology coverage for the Matched Program beyond June 30, 2012, the current end date. Similar to the pharmacy reimbursement arrangements, DHS had intended for this reimbursement to be short-term, with alternative mechanisms developed, but, again, it is unlikely that such alternatives will be in place prior to the current expiration of the reimbursement arrangement.
- Including as billable services radiology and radiology interpretive services that will be payable for Matched Program Patients. Requests for CT or MRI scans must be submitted through County's Utilization Management.
- Permitting Community Partners to provide prescription medication in specific and defined circumstances separate and apart from a billable visit to permit more flexibility in how Community Partners provide patient care.
- Deleting all ICD-9 codes under "Psychiatric" on the Excluded Services list to allow Community Partners to reference a mental health diagnosis code when prescribing mental health medications for Tier II mental health.
- Revising the existing process by which Community Partners accept referrals of Unmatched Patients from DHS Specialty Care Clinics.
- Revising pharmacy provisions for the Matched Program that allow dispensaries, as well as pharmacies, to obtain the existing \$4.00 reimbursement for generic discount pharmaceuticals.
- Creating a mechanism to allow a Request for Information process to reallocate funding for Matched Program Specialty Care.
- Revising provisions related to claiming and reimbursement in the HWLA Matched and Unmatched Program to reflect DHS' upcoming transition from Websphere to the LEADER/Your Benefits Now (YBN) system and to address the impact of those changes on claiming and reimbursement for patients who move from Matched to Unmatched.

Additional administrative and programmatic changes will be made to the HWLA Agreements through delegated authority approved by your Board on January 10, 2012. These changes are reflected in the recommended Amendment and include:

- Changing the claims submission deadline for Community Partners by allowing Community Partners to submit their claims any time but no later than August 15th for new claims, and September 15th for the appealed claims for the prior fiscal year.
- Extending the use of the COI form for existing Unmatched Program Patients through September 2012 or until LEADER/YBN is implemented, whichever is sooner.
- Clarifying the rules for closure of Community Partners clinics to new Matched and/or Unmatched Program Patients.
- Clarifying that interpreter services are available to both Matched and Unmatched Program Patients.

- Revising the mental health referral process to clarify that the process for referring a patient to the Department of Mental Health is the same for both Matched and Unmatched Program Patients.

Implementation of Strategic Plan Goals

The recommended actions support Goal 1, Operational Effectiveness of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

The HWLA Matched Program agreements do not have a maximum obligation in accordance with the terms and conditions of the 1115 Waiver. To the extent that the recommendations in this Board letter will expand medically necessary services to the HWLA Matched population, those costs will be subject to the 50percent Federal Revenue match. To the extent the recommendations expand services in the Unmatched Program, those costs will be included as part of the existing maximum obligations for each contractor and will not result in any increases to those obligations.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

On June 14, 2011, your Board approved agreements with Community Partners covering HWLA-Matched and Unmatched Services for the HWLA Health Care Initiative Program to implement the MCE component of the LIHP, as part of the California 1115 Waiver. These agreements replaced previous Public Private Partnership agreements, HWLA, and SB474 contracts.

On September 20, 2011, your Board delegated authority to DHS to execute amendments to existing HWLA-Matched agreements and to offer new HWLA-Matched agreements, to accommodate the transition of current Ryan White Care Act program clients to HWLA.

On January 10, 2012, your Board delegated authority to DHS to amend existing Community Partner agreements to implement administrative and programmatic changes in order to respond to the evolving needs of the HWLA Matched and Unmatched Programs.

CONTRACTING PROCESS

Not applicable.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommendation will allow DHS to make programmatic and administration changes to the HWLA Agreements aimed at improving the HWLA program for all stakeholders, including the patients who obtain services through the HWLA Matched and Unmatched Programs.

The Honorable Board of Supervisors

6/12/2012

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Respectfully submitted,

A handwritten signature in black ink, appearing to read "Mitchell Katz". The signature is written in a cursive, flowing style.

Mitchell H. Katz, M.D.

Director

MHK:pps

Enclosures

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

LIST OF HWLA COMMUNITY PARTNERS

COMMUNITY PARTNER	HWLA CONTRACT NUMBER
1. AIDS HEALTHCARE FOUNDATION	H-705105
2. ALL FOR HEALTH, HEALTH FOR ALL, INC.	H-704829
3. ALTAMED HEALTH SERVICES CORPORATION	H-704830
4. AMERICAN INDIAN HEALING CENTER, INC.	H-704831
5. ANTELOPE VALLEY COMMUNITY CLINIC	H-704832
6. ARROYO VISTA FAMILY HEALTH FOUNDATION	H-704833
7. ASIAN PACIFIC HEALTH CARE VENTURE, INC.	H-704834
8. BAART COMMUNITY HEALTHCARE	H-704835
9. BIENVENIDOS CHILDREN'S CENTER, INC.	H-704836
10. CATHOLIC HEALTHCARE WEST OF SOUTHERN CALIFORNIA	H-705098
11. CENTRAL CITY COMMUNITY HEALTH CENTER, INC.	H-704837
12. CENTRAL NEIGHBORHOOD HEALTH FOUNDATION	H-704838
13. CHILDREN'S DENTAL FOUNDATION	H-704839
14. CHILDREN'S HOSPITAL LOS ANGELES	H-705099
15. CHINATOWN SERVICE CENTER	H-704840
16. CITY OF LONG BEACH DEPARTMENT OF HEALTH & HUMAN SERVICES	H-705109
17. CITY OF PASADENA PUBLIC HEALTH DEPARTMENT	H-705100
18. CLINICA MONSEÑOR OSCAR A. ROMERO	H-704841
19. COMMUNITY HEALTH ALLIANCE OF PASADENA	H-704842
20. COMPREHENSIVE COMMUNITY HEALTH CENTER	H-704843
21. COMPTON CENTRAL HEALTH CLINIC, INC.	H-704844
22. DURFEE FAMILY CARE MEDICAL GROUP	H-704845
23. EAST VALLEY COMMUNITY HEALTH CENTER, INC.	H-704846
24. EL DORADO COMMUNITY SERVICE CENTER	H-704847
25. EL PROYECTO DEL BARRIO	H-704848
26. EMILE G. SHENOUDA, M.D., INC.	H-704849
27. FAMILY HEALTH CARE CENTERS OF GREATER LOS ANGELES, INC.	H-704850
28. GARFIELD HEALTH CENTER	H-704851
29. HARBOR COMMUNITY CLINIC	H-704852
30. JWCH INSTITUTE, INC.	H-704853

LIST OF HWLA COMMUNITY PARTNERS

COMMUNITY PARTNER	HWLA CONTRACT NUMBER
31. KOREAN HEALTH, EDUCATION, INFORMATION AND RESEARCH CENTER	H-704854
32. KORYO HEALTH FOUNDATION	H-704855
33. LONG BEACH MEMORIAL MEDICAL CENTER dba MILLER CHILDREN'S HOSPITAL LONG BEACH	H-705102
34. LOS ANGELES FREE CLINIC, dba THE SABAN FREE CLINIC	H-704856
35. MISSION CITY COMMUNITY NETWORK, INC.	H-704857
36. NORTHEAST COMMUNITY CLINIC	H-704858
37. NORTHEAST VALLEY HEALTH CORPORATION	H-704859
38. PEDIATRIC & FAMILY MEDICAL CENTER dba EISNER PEDIATRIC & FAMILY MEDICAL CENTER	H-704860
39. POMONA VALLEY HOSPITAL MEDICAL CENTER / COMMUNITY HEALTH CENTER	H-704861
40. QUEENSCARE FAMILY CLINICS	H-704862
41. SACRED HEART FAMILY MEDICAL CLINIC, INC.	H-704863
42. SAMUEL DIXON FAMILY HEALTH CENTER, INC.	H-704864
43. SOUTH ATLANTIC MEDICAL GROUP, INC.	H-704865
44. SOUTH BAY FAMILY HEALTHCARE CENTER	H-704866
45. SOUTH CENTRAL FAMILY HEALTH CENTER	H-704867
46. ST. JOHN'S WELL CHILD AND FAMILY CENTER, INC.	H-704868
47. T.H.E. CLINIC, INC.	H-704869
48. TARZANA TREATMENT CENTER, INC.	H-704870
49. THE CATALYST FOUNDATION FOR AIDS AWARENESS AND CARE	H-704871
50. THE CHILDREN'S CLINIC, "SERVING CHILDREN AND THEIR FAMILIES"	H-704872
51. THE CHURCH OF OUR SAVIOUR	H-704873
52. UNIVERSAL HEALTH FOUNDATION	H-704874
53. UNIVERSITY MUSLIM MEDICAL ASSOCIATION, INC	H-704875
54. URDC HUMAN SERVICES CORPORATION	H-704876
55. VALLEY COMMUNITY CLINIC	H-704877
56. VENICE FAMILY CLINIC	H-704878
57. WATTS HEALTHCARE CORPORATION	H-704879
58. WESTSIDE FAMILY HEALTH CENTER	H-704880
59. WESTSIDE NEIGHBORHOOD CLINIC	H-704881
60. WILMINGTON COMMUNITY CLINIC	H-704882

Contract No. H-_____

HEALTHY WAY LA HEALTH CARE INITIATIVE

AMENDMENT NO. ____

THIS AMENDMENT is made and entered into this _____ day
of _____, 2012,

by and between

COUNTY OF LOS ANGELES
(hereafter "County"),

and

(hereafter "Community Partner" or
"Contractor").

[Use first recital only for original CPs]

WHEREAS, reference is made to that certain document entitled "HEALTHY WAY LA HEALTH CARE INITIATIVE", dated June 14, 2011, and any amendments thereto, all further identified as Agreement No. H-70_____ (all hereafter "Agreement"); and

[Use this recital only for the NEW 6]

WHEREAS, reference is made to that certain document entitled "HEALTHY WAY LA HEALTH CARE INITIATIVE", dated November 8, 2011, and any amendments thereto, all further identified as Agreement No. H-70_____ (all hereafter "Agreement"); and

WHEREAS, on January 10, 2012, the County's Board of Supervisor's approved delegated authority to the Director of the Department of Health Services, or his/her designee, to execute amendments to address programmatic and administrative needs necessary for the continued implementation of Healthy Way LA (HWLA) Health Care Initiative; and

EXHIBIT I

WHEREAS, it is the intent of the parties hereto to amend the Agreement to make administrative and programmatic changes allowed under the delegated authority approved on January 10, 2012, and to make additional administrative and programmatic changes that go beyond the scope of the aforementioned delegate authority, that are needed for the continued implementation of the HWLA Health Care Initiative; and

WHEREAS, County desires to address these necessary changes, revise the language, and replace Exhibit A-1, Exhibit A-1 – Attachment I.A, Exhibit A-2, Exhibit A-2 – Attachment I.A, Exhibit A-3, Exhibit A-4, Exhibit B-1, Exhibit C-1, Exhibit C-2, and Exhibit C-3; and add Exhibit A-1.A – Attachment III and Exhibit A-2.A – Attachment III; and

WHEREAS, the Agreement provides that changes to its terms may be made in the form of a written amendment which is formally approved and executed by the parties.

NOW, THEREFORE, the parties hereby agree as follows:

1. This Amendment shall be effective upon Board approval.
2. Agreement "EXHIBIT A-1, DESCRIPTION OF SERVICES PRIMARY HEALTH CARE SERVICES, HEALTH WAY LA HEALTH CARE INITIATIVE, MATCHED AND UNMATCHED PROGRAMS FQHC/FQHC LOOK-ALIKES COMMUNITY PARTNERS" including Attachment I.A, shall be replaced in its entirety with "EXHIBIT A-1.A, DESCRIPTION OF SERVICES PRIMARY HEALTH CARE SERVICES, HEALTH WAY LA HEALTH CARE INITIATIVE, MATCHED AND UNMATCHED PROGRAMS FQHC/FQHC LOOK-ALIKES COMMUNITY PARTNERS", and Attachment I.B respectively, attached hereto and incorporated herein by reference.
3. Agreement "EXHIBIT A-2, DESCRIPTION OF SERVICES PRIMARY HEALTH CARE SERVICES, HEALTH WAY LA HEALTH CARE INITIATIVE, MATCHED

EXHIBIT I

AND UNMATCHED PROGRAMS NON-FQHC COMMUNITY PARTNERS" including Attachment I.A, shall be replaced in its entirety with "EXHIBIT A-2.A, DESCRIPTION OF SERVICES PRIMARY HEALTH CARE SERVICES, HEALTH WAY LA HEALTH CARE INITIATIVE, MATCHED AND UNMATCHED PROGRAMS NON-FQHC COMMUNITY PARTNERS" and Attachment I.B, respectively, attached hereto and incorporated herein by reference.

4. Agreement "EXHIBIT A-3, DESCRIPTION OF SERVICES SPECIALTY CARE SERVICES, HEALTHY WAY LA HEALTH CARE INITIATIVE, MATCHED AND UNMATCHED PROGRAMS, ALL COMMUNITY PARTNERS" shall be replaced in its entirety with "EXHIBIT A-3.A, DESCRIPTION OF SERVICES SPECIALTY CARE SERVICES, HEALTHY WAY LA HEALTH CARE INITIATIVE, MATCHED AND UNMATCHED PROGRAMS, ALL COMMUNITY PARTNERS", attached hereto and incorporated herein by reference.

5. Agreement "EXHIBIT A-4, DESCRIPTION OF SERVICES DENTAL CARE SERVICES, HEALTHY WAY LA HEALTH CARE INITIATIVE, UNMATCHED PROGRAM, ALL COMMUNITY PARTNERS" shall be replaced in its entirety with "EXHIBIT A-4.A, DESCRIPTION OF SERVICES DENTAL CARE SERVICES, HEALTHY WAY LA HEALTH CARE INITIATIVE, UNMATCHED PROGRAM, ALL COMMUNITY PARTNERS", attached hereto and incorporated herein by reference.

6. Agreement "EXHIBIT B-1, PATIENT ELIGIBILITY AND ENROLLMENT HEALTHY WAY LA HEALTH CARE INITIATIVE, MATCHED AND UNMATCHED PROGRAMS ALL COMMUNITY PARTNERS" shall be replaced in its entirety with "EXHIBIT B-1.A, PATIENT ELIGIBILITY AND ENROLLMENT HEALTHY WAY LA HEALTH

EXHIBIT I

CARE INITIATIVE, MATCHED AND UNMATCHED PROGRAMS ALL COMMUNITY PARTNERS", attached hereto and incorporated herein by reference.

7. Agreement "EXHIBIT C-1, FUNDING, BILLING AND PAYMENT, HEALTHY WAY LA HEALTH CARE INITIATIVE, UNMATCHED PROGRAM, ALL COMMUNITY PARTNERS" shall be replaced in its entirety with "EXHIBIT C-1.A, FUNDING, BILLING AND PAYMENT, HEALTHY WAY LA HEALTH CARE INITIATIVE, UNMATCHED PROGRAM, ALL COMMUNITY PARTNERS" attached hereto and incorporated herein by reference.

8. Agreement "EXHIBIT C-2, ESTIMATED EXPENDITURES, BILLING AND PAYMENT, HEALTHY WAY LA HEALTH CARE INITIATIVE, MATCHED PROGRAM FQHC AND FQHC LOOK-ALIKES COMMUNITY PARTNERS" shall be replaced in its entirety with "EXHIBIT C-2.A, ESTIMATED EXPENDITURES, BILLING AND PAYMENT, HEALTHY WAY LA HEALTH CARE INITIATIVE, MATCHED PROGRAM FQHC AND FQHC LOOK-ALIKES COMMUNITY PARTNERS", attached hereto and incorporated herein by reference.

9. Agreement "EXHIBIT C-3, ESTIMATED EXPENDITURES, BILLING AND PAYMENT, HEALTHY WAY LA HEALTH CARE INITIATIVE, MATCHED PROGRAM NON-FQHC COMMUNITY PARTNERS" shall be replaced in its entirety with "EXHIBIT C-3.A, ESTIMATED EXPENDITURES, BILLING AND PAYMENT, HEALTHY WAY LA HEALTH CARE INITIATIVE, MATCHED PROGRAM NON-FQHC COMMUNITY PARTNERS", attached hereto and incorporated herein by reference.

EXHIBIT I

10. Exhibit A-1.A – Attachment III, HIV/AIDS PHYSICIAN SPECIALIST FORM, shall be added to the Agreement attached hereto and incorporated in the Agreement by reference.

11. Exhibit A-2.A – Attachment III, HIV/AIDS PHYSICIAN SPECIALIST FORM, shall be added to the Agreement attached hereto and incorporated in the Agreement by reference.

12. All Agreement references to "EXHIBIT A-1" including Attachment I.A, "EXHIBIT A-2" including Attachment I.A, "EXHIBIT A-3", "EXHIBIT A-4", "EXHIBIT A-5", "EXHIBIT B-1", "EXHIBIT C-1", "EXHIBIT C-2", and "EXHIBIT C-3" shall now be understood to reference "EXHIBIT A-1.A" including Attachment I.B, "EXHIBIT A-2.A" including Attachment I.B, "EXHIBIT A-3.A", "EXHIBIT A-4.A", "EXHIBIT A-5.A", "EXHIBIT B-1.A", "EXHIBIT C-1.A", "EXHIBIT C-2.A", and "EXHIBIT C-3.A", respectively.

11. Except for the changes set forth hereinabove, Agreement shall not be changed in any other respect by this Amendment.

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EXHIBIT I

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be executed by its Director of Health Services, and Contractor has caused this Amendment to be executed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
Mitchell H. Katz, M.D.
Director

Contractor

By _____
Signature

Printed Name

Title _____
(AFFIX CORPORATE SEAL)

APPROVED AS TO FORM
John Krattli, Acting County Counsel

EXHIBIT A-1.A
DESCRIPTION OF SERVICES
PRIMARY HEALTH CARE SERVICES
HEALTHY WAY LA HEALTH CARE INITIATIVE
MATCHED AND UNMATCHED PROGRAMS
FQHC/FQHC LOOK-ALIKE COMMUNITY PARTNERS

1. Background: As the result of a May 2006 Request for Proposals ("RFP") for Public-Private Partnership ("PPP") Program Primary Care, Dental Care, and Specialty Care Services, Community Partner was selected to participate in the County's PPP Program. Community Provider wishes to continue the provision of services to the population treated under the PPP Program, which now is known as the Unmatched Program under the Healthy Way Health Care Initiative ("HWLA Initiative").

Further, Community Partner is a provider of services under the South Los Angeles Preservation Fund Program ("Preservation Fund") and the parties wish Community Partner to continue to participate in this program. The Preservation Fund was established to address the regional impact of the closure of Martin Luther King, Jr., Hospital and to help defray County costs for treating uninsured patients in the South Los Angeles area. The Preservation Fund seeks to maintain or improve the patient's current level of health and reduce morbidity, while enhancing objective, measurable quality of care outcomes. Further, the goal of this program is to provide benefits and service enhancements, such as expanded evening and weekend urgent care and/or walk-in services.

Finally, in 2008, the County established the first HWLA Initiative under which Community Partner, as a then current PPP Provider in good standing, was offered, and accepted, the opportunity to provide services under this new health care initiative. With new requirements established by the State of California and the Centers for Medicare

and Medicaid Services under a new Demonstration Project, which is described in Exhibit A-5, the HWLA Initiative will continue through December 31, 2013. The parties mutually desire Community Partner to remain a provider under the new Demonstration Project. Further, as a Federally Qualified Health Center ("FQHC") or Federally Qualified Health Center Look-alike ("FQHC Look-alike"), Community Partner is uniquely situated under the terms of the Demonstration Project to assist County in its efforts to implement the Demonstration Project in Los Angeles County.

2. Primary Health Care Services: Community Partner shall be responsible for providing primary health care services to all Eligible Unmatched Program and/or Matched Program Patients, as those terms are defined under Exhibit B-1.A of this Agreement. For purposes of this Agreement, "primary health care services" means those services provided by a clinic or a health care provider to patients who require less than twenty-four (24) hours of care for the prevention, diagnosis, or treatment of illness or injury including, but not limited to, advice, therapeutic services, outreach, emergency first aid, information and referral services. Services that are excluded from this Agreement as a primary diagnosis are listed on Attachment I, attached hereto and incorporated herein by reference.

Primary health care services delivered to Eligible Unmatched Program and/or Matched Program Patients shall follow evidence-based guidelines as appropriate to a patient's medical condition. County shall provide Community Partner with Clinical Guidelines for some of the more common medical conditions or disease entities as determined by County, and as those Guidelines are established by organizations including the Agency for Healthcare Quality and Research, National Quality Forum, U.S.

Preventive Services Task Force, and Centers for Disease Control and Prevention. The Guidelines shall be issued by County to Community Partner via the PIN process. As part of that process, Community Partner shall be afforded the opportunity to comment for a period of time to be established in the PIN. After all Community Partners have been afforded the opportunity to provide such input, the Guidelines shall be deemed acceptable by all Community Partners and shall be used when care is rendered as set forth herein. County shall audit Community Partner's provision of primary health care using these Guidelines during annual quality site reviews. Any changes or modifications to the Guidelines shall occur through the PIN process.

Community Partner shall assure that primary health care is provided under this Agreement by health professionals, including non-physician medical practitioners, whose practice is predominantly that of General Medicine, Family Practice, Human Immunodeficiency Virus ("HIV")/Acquired Immune Deficiency Syndrome ("AIDS") Medical Outpatient Services, Internal Medicine, Pediatrics, Obstetrics or Gynecology. Non-physician medical practitioners shall include nurse practitioners, nurse midwives and physician assistants who are supervised in accordance with the requirements set forth in this Exhibit.

In the event that Community Partner provides pediatric primary health care services under this Agreement, and in addition to the foregoing, Community Partner must be Child Health and Disability Prevention Program ("CHDPP") certified. Additionally, Internal Medicine and General Medicine practitioners who provide primary health care and who see children sixteen (16) years of age or younger must be CHDPP-certified. Pediatricians and Family Practitioners who provide primary health care and

who see children sixteen (16) years of age or younger should be CHDPP-certified but are not required to be so certified.

In the event that Community Partner provides HIV/AIDS Medical Outpatient Services (i.e., evidence-based preventive, diagnostic and therapeutic medical services provided through outpatient medical visits) under this Agreement, and in addition to the foregoing, such services shall be performed by California-licensed health professionals, including physicians, physician assistants, and/or nurse practitioners with requisite training and experience in HIV/AIDS. Medical outpatient primary-care physicians must be certified as an HIV specialist. All health services provided under this modality shall be in accordance with Department of Health and Human Services ("DHHS") HIV Treatment Guidelines and standards of care as determined by the Los Angeles County Commission on HIV. Physicians must demonstrate proficiency as an HIV/AIDS Physician Specialist, as outlined in the HIV Physician Specialist Form attached hereto as Attachment III and incorporated herein by this reference.

Community Partner shall be reimbursed for the provision of primary care services to Eligible Unmatched and/or Matched Program patients at the rates set forth in Exhibits C-1.A and C-2.A of this Agreement.

3. Reimbursable Services: Community Partner shall be reimbursed by County for primary health care services provided only to Eligible Unmatched and/or Matched Program Patients. To that end, Community Partner shall receive a distinct payment from County for such services only if those services constitute a "billable visit."

A. Billable Visit: For purposes of this Agreement, a "billable visit" shall be defined as a face-to-face encounter between the Eligible Matched and/or

Unmatched Program Patient and one of the following health professionals: (1) licensed doctor of medicine or osteopathy; (2) a certified nurse practitioner or nurse midwife; and (3) licensed physician assistant. Physicals and drug testing requested by the patient in order to meet Department of Motor Vehicle, work, or adoption requirements shall not be billable or reimbursable under this Agreement. Additionally, services such as dental, chiropractic, immunization, Mantoux testing, drawing blood, collecting urine specimens, performing laboratory tests, taking x-rays as a stand-alone visit, and filling or dispensing prescriptions shall not constitute a billable visit, and, accordingly, shall not receive a distinct payment as primary care services.

Notwithstanding the exclusion pertaining to the refilling and dispensing of medications from the above definition of a "billable visit", and as to Matched Program only, Community Partner may elect to provide medication refills and dispensing, and be reimbursed for those services, in accordance with the rates and process set forth in Exhibit C-2.A and/or Exhibit C-3.A, as applicable.

B. Billable Visit Claiming: Community Partner may claim for only one "billable visit" per day per patient, irrespective of the number of health professionals that the patient sees in a day (e.g. a visit between a patient and a physician and a second visit on the same day between the same patient and another health professional, including a specialty care physician, constitutes only one billable visit). Claims for more than one visit per patient per day will be rejected. County shall reimburse Community Partner only for one billable visit per patient per day, regardless of the number of visits provided and claimed.

Notwithstanding the foregoing, Community Partner may claim for dental services provided to the same patient on the same day as a medical visit in the event that Community Partner provides dental services under the Healthy Way LA Initiative.

C. Visit Documented in Medical Record: In order to be reimbursed as a "billable visit," all health services provided during or as a result of a visit shall be recorded in the patient's medical record. At a minimum, Community Partner shall record the following information in the patient's medical record for each billable visit: patient's chief complaint, interim history, physical findings, diagnosis and treatment plan. Failure to record this information may result in the denial or recoupment of payment for the visit in County's discretion.

D. Ancillary Services: For purposes of this Agreement, "ancillary services" shall include laboratory services, pharmacy services, medical supplies, and basic radiology. Ancillary services shall be reimbursed as follows:

1) Eligible Unmatched Program Patients: A billable visit for primary care services provided to an Eligible Unmatched Program Patient shall include any ancillary services that are needed during or as a result of the visit. Ancillary services that are needed during or provided as a result of a primary care visit shall be part of the all-inclusive rate, which Community Partner receives under this Agreement for each billable visit provided to an Eligible Unmatched Program Patient, as set forth in Exhibit C-1.A. If ancillary services are provided off-site, Community Partner shall have a formal agreement with entities or persons that have agreed to provide these services.

2) Eligible Matched Program Patients: Reimbursement for ancillary services provided to an Eligible Matched Program Patient shall be according to the rates set forth in Exhibit C-2.A. If ancillary services are provided off-site, Community Partner shall have a formal agreement with entities or persons that have agreed to provide these services. In order to be reimbursed for ancillary services, all ancillary services provided during or as a result of a visit, shall be recorded in the patient's medical record.

4. Staffing: If Community Partner is utilizing nurse practitioners, nurse midwives, and/or physician assistants in the delivery of primary health care services, Community Partner must have in effect standardized protocols signed by a supervising physician. Additionally, Community Partner shall assure that the following ratios of non-physician medical practitioners supervised by a single physician are maintained at all times:

- Four nurse practitioners to one supervising physician;
- Three nurse midwives to one supervising physician;
- Four physician assistants to one supervising physician;
- A team consisting of any four of these professionals
(nurse practitioners, nurse midwives, and/or physician assistants) as long as the above prescribed limits on nurse midwives and physician assistants are maintained.

5. Workplan: Community Partner shall follow Community Partner's HWLA Initiative Workplan attached hereto and incorporated herein by reference as Attachment II. Any changes to this Workplan must have the prior written consent of the Director.

6. Medi-Cal Program Participation: Community Partner must participate in the Medi-Cal Program and remain in good standing under that program for the entire term of this Agreement. If Community Partner ceases to participate in the Medi-Cal Program, or the State of California and/or CMS, removes Community Partner from that program for any reason whatsoever, County shall have the right to terminate this Agreement immediately.

7. Community Partner's Operations:

A. Hours of Operation: Community Partner shall adhere to the hours of operation set forth in its Workplan, Attachment II. Community Partner shall notify Director in writing of any changes to the specified hours of operation. Except as otherwise necessary in emergency situations, any decrease changes to the specified hours of operation must be requested of Director in writing and shall be at the discretion of the Director to approve.

1) A proposed closure for a holiday, which is not recognized by the County as an official holiday, must be communicated in writing to Director at least thirty (30) calendar days prior to the planned closure. The Director shall respond to Community Partner in writing with his or her decision at least fourteen (14) calendar days prior to the proposed closure. The County's current official holidays are: New Year's Day, Martin L. King, Jr. Day, President's Day, Memorial Day, Fourth of July, Labor Day,

Columbus Day, Veteran's Day, Thanksgiving Day and the day after, and Christmas Day.

2) If the above procedures have not been followed, and a change in its clinic service site hours or days of operation is made by Community Partner without Director's authorization, Community Partner shall be assessed by the County the amounts set forth as liquidated damages in the LIQUIDATED DAMAGES Paragraph of the body of this Agreement, and not as a penalty, for each regular County day of business following such unauthorized change. Such assessment shall continue until the clinic service site has returned to the new hours and days of operation.

B. Facility Service Sites: Community Partner shall provide services at the service sites set forth in its Workplan, Attachment II. Community Partner shall inform Director in writing at least forty-five (45) calendar days prior to adding, closing, or relocating a site, for provision of services hereunder. The addition, deletion, or relocation of a service site may only be affected after obtaining the Director's written approval.

C. Clinic Closure to HWLA Initiative Patients: Community Partner shall not close its practice to established Eligible Unmatched and/or Matched Program Patients. For purposes of this Agreement, an "established Eligible Unmatched and/or Matched Program Patient" shall mean an individual who has been seen at any of the Community Partner's sites for any primary care service within the last twenty-four (24) months.

Community Partner shall notify County in the event that Community Partner must do either of the following:

- 1) Close its practice to new Eligible Unmatched Program and/or Matched Program Patients. For purposes of this Agreement, a "new Eligible Unmatched and/or Matched Program Patient" shall mean an individual who has not been seen at any of Community Partner's clinic sites for any primary care service in more than 24 months from the first visit after the effective date of this Agreement; or

- 2) Close its practice due to circumstances beyond its control.

D. Rules for Closure of Clinic to New Unmatched and/or Matched Program Patients: The following rules shall apply to Community Partner's ability to close and open to new Unmatched and/or Matched Program Eligible Patients as defined above:

1. Eligible Matched Program Patients:

- a) A closure must apply uniformly to all new Eligible Matched Program Patients, and a closure will be in effect as set forth in subparagraph 2 hereunder;

- b) Community Partner shall notify County in writing no later than thirty (30) days prior to the proposed closure date. Community Partner shall notify County in writing of its intent to reopen its practice in any form thirty (30) days in advance of any reopening.

- c) In the event that Community Partner closes its practice as described above, Community Partner shall submit monthly written reports

to County which provide the number of patients referred and the name of the agency(ies) that the patients were referred to. Such reports shall be submitted to the County of Los Angeles Department of Health Services, Division of Ambulatory Care, 1000 South Fremont Avenue, Building A-9 East 2nd Floor, Alhambra, California 91803-8859, Attention: CEO. In the event that County determines that Community Partner has closed only to selected, new Eligible Matched Program Patients, based upon the above criteria or for any other reason, such conduct shall be considered a material breach of contract upon which County may immediately terminate or suspend this Agreement. County, at its sole option, may obtain damages from Community Partner resulting from said breach.

2. Eligible Unmatched Program Patients:

a) A closure must apply uniformly to all new Eligible Unmatched Program Patients, and a closure will be in effect as set forth in subparagraph 2 hereunder;

b) Community Partner shall notify County in writing no later than thirty (30) days prior to the proposed closure date. Community Partner shall notify County in writing of its intent to reopen its practice in any form thirty (30) days in advance of any reopening.

If Community Partner is open to Eligible Unmatched Program Patients for a particular month, it shall be assigned by the County a predetermined number of slots to be available to new Eligible Unmatched Program Patients that it will accept as further set forth herein.

Additionally, in accordance with the requirements set forth under Paragraph 15 of this Exhibit, Community Partner shall reserve a fixed number of appointment slots for new Eligible Unmatched Program Patient referrals from County DHS and shall maintain, in the Unmatched Program, any capacity created by the referral of an Eligible Unmatched Program Patient to DHS for services to ensure that the patient has a primary care "slot" to which to return for service upon referral back from DHS.

The number of slots assigned to each Community Partner will be determined according to a formula based upon the Community Partner's total Unmatched Program Maximum Obligation as set forth in Exhibit C-1.A. For each \$100,000 of Community Partner's total Unmatched Program Maximum Obligation, which amount shall be rounded down to the nearest \$100,000, Community Partner shall make available four (4) slots per month. Community Partner shall provide a minimum of ten (10) slots and a maximum of sixty (60) slots per month. In the event that Community Partner's total Unmatched Program Maximum Obligation is less than \$100,000, County automatically shall assign Community Partner four (4) slots per month.

Notwithstanding the foregoing formula, Community Partner may make available a greater number of slots than required by this formula, but in no event may Community Partner provide fewer than the minimum slots set forth herein.

County shall provide Community Partner with patient referrals on a "rolling" basis thirty (30) calendar days in advance of any given month. Community Partner shall schedule each patient referred by County for an appointment no longer than forty-five (45) days after the patient is referred. In the event that Community Partner is unable to schedule a patient for an appointment within this timeframe, it shall report to the County, within forty-five (45) days of the referral the reason it was unable to schedule an appointment. County shall provide to Community Partner the protocol for this reporting through the Provider Information Notice ("PIN") process.

Failure by Contractor to meet the requirements of this subparagraph shall be considered a material breach of this Agreement upon which County may immediately terminate or suspend this Agreement. County, at its sole option, may obtain damages from Community Partner resulting from said breach.

c) In the event that Community Partner closes its practice as set forth herein, Community Partner shall submit monthly written reports to County which provide the number of patients referred and the name of the agency(ies) that the patients were referred to. Such reports shall be submitted to the County of Los Angeles Department of Health Services, Division of Ambulatory Care, 1000 South Fremont Avenue, Building A-9 East 2nd Floor, Alhambra, California 91803-8859, Attention: CEO. In the event that County determines that Community Partner has closed only to

selected, new Eligible Unmatched and/or Matched Program Patients, based upon the above criteria or for any other reason, such conduct shall be considered a material breach of contract upon which County may immediately terminate or suspend this Agreement. County, at its sole option, may obtain damages from Community Partner resulting from said breach.

8. Patient Eligibility: Community Partner shall verify and document patient eligibility for services under this Agreement in accordance with the process set forth in Exhibit B-1.A. Verification of patient's Los Angeles County residency, income and insurance status must be documented in the patient's record through the inclusion of all documentation specified in Exhibit B-1.A. Such documentation must be maintained in accordance with the RECORDS AND AUDITS Paragraph of the ADDITIONAL PROVISIONS. Eligible Unmatched Program Patients served under the Unmatched Program and who are receiving public health related services shall be exempt from the Los Angeles County residency verification process.

9. Provider Credentialing: As set forth in the PERSONNEL Paragraph of the Additional Provisions, Community Partner shall maintain a provider credentialing process, which adheres to the established health care industry credentialing standards and guidelines.

10. Laboratory Services: If Community Partner performs any of the following nine laboratory tests on site, Community Partner must have a current Clinical Laboratory Improvement Act (CLIA) certificate or evidence of a CLIA waiver: dip stick or tablet urinalysis; fecal occult blood; ovulation test using visual color comparison; urine

pregnancy test using visual color comparison; Hemoglobin by copper sulfate non-automated; Spun micro hematocrit; Blood glucose using certain devices cleared by the FDA for home use; erythrocyte sedimentation rate non-automated; and automated hemoglobin. If Community Partner performs lab testing beyond these services, it must meet all additional CLIA requirements.

11. Radiology Services:

A. Matched Program: Community Partner shall be responsible for providing basic radiology services that are within the scope of primary health care (e.g., screening mammogram and chest x-ray).

Community Partner shall submit a request for a CT or MRI scan through County's Utilization Management ("UM"). County shall respond to urgent CT or MRI requests within three (3) business days for urgent requests and five (5) business days for non-urgent requests. County shall either notify Community Partner that it is to refer the Eligible Matched Program Patient into the DHS system or notify Community Partner that it may send the patient to a sub-contracted provider and be reimbursed by the County pursuant to the rates and processes set forth in Exhibit C-2.A and/or Exhibit C-3.A, as applicable. In the event that County fails to respond to Community Partner's request within the above timeframes, Community Partner may send the Eligible Matched Program Patient to a sub-contracted provider, and reimbursement shall be at the Medicare Rate in effect for the radiology service as of the date such service was rendered.

For Community Partners that have been linked for referrals to the County through e-Consult, in the event that a specialist requests a CT or MRI scan and

the Patient is unable to access the CT or MRI through the County system within thirty (30) days, Community Partner may send the patient to a sub-contracted provider, and reimbursement shall be at the Medicare Rate in effect for the radiology service as of the date such service was rendered.

B. Unmatched Program: Community Partner shall be responsible for providing basic radiology services that are within the scope of primary health care (e.g., screening mammogram and chest x-ray). Exclusions include ultrasound, invasive studies, CT or MRI scans, Doppler studies, and comparison views-extremity films.

12. Pharmacy: Community Partner shall provide access, or arrange for access, to medically necessary pharmaceuticals on a seven (7) day per week basis. Community Partner must use the Approved DHS Primary Care Formulary, which shall be provided to Community Partner prior to the commencement of services under this Agreement by way of the PIN process. Community Partner may prescribe pharmaceuticals beyond what is listed in the Formulary upon prior authorization and approval from DHS, which process shall be set forth in the Formulary, as well as prescribe therapeutic equivalent (generic) pharmaceuticals, with some exceptions as shall be provided to Community Partner in the Formulary. Community Partner may also counsel patients on non-prescription therapeutic interventions whenever feasible, for example exercise, weight loss, and smoking cessation. Community Partner shall participate in all Patient Assistance Programs (PAPs) provided by individual pharmaceutical companies. The foregoing obligation shall apply to those pharmaceuticals specifically identified in the DHS Primary Care Formulary as "PAP

Required" or such other terminology as DHS may choose to employ. Community Partner shall submit on behalf of all of its Eligible Matched Program Patients applications for any applicable PAP. County shall not reimburse Community Partner for the provision of any pharmaceuticals, if permitted under this Agreement, unless the Eligible Matched Program Patient's PAP application has been rejected.

13. Patient Care: As the primary health care provider, Community Partner shall provide coordinated and comprehensive primary health care at the first contact and on a continuous basis in an outpatient setting to all patients. Community Partner shall provide timely access to qualified health care interpretation, as needed and as appropriate, for Eligible Matched and Unmatched Program Patients with limited English proficiency.

A. Primary Care Medical Home: Community Partner shall serve as the "medical home" for each Eligible Matched Program Patient seen at its clinic locations. Only as to Community Partner's with multiple clinic sites, each Eligible Matched Program Patient shall be assigned specifically to one of Community Partner's clinic sites, but the Eligible Matched Program Patient shall be permitted to seek and receive care at any of Community Partner's other clinic sites. The minimum elements of a medical home shall include:

1) The provision of primary health care as set forth in this Exhibit A-1.A, with the primary health care contact facilitating the Eligible Matched Program Patient's access to preventive, primary, specialty, mental health or chronic illness treatment, as appropriate.

2) An intake assessment of each Eligible Matched Program Patient's general health status.

3) Referrals to qualified professionals, community resources or other agencies as needed.

4) Facilitating communication between an Eligible Matched Program Patient's health care providers, including outreach to mental health providers.

5) Care management, case management and transitions among levels of care, if needed, and as agreed to between the medical home and the Coverage Expansion Enrollment Demonstration project.

6) Use of clinical guidelines and other evidence-based medicine, when applicable, for treatment of an Eligible Matched Program Patient's health care services and timing of clinical preventive services.

7) Focus on continuous improvement in quality of care.

8) Health information, education and support to Eligible Matched Program patients and, where appropriate, their families, if and when needed, in a culturally competent manner.

B. Specialty Services: Community Partner shall refer an Eligible Unmatched and/or Matched Program Patient for specialty care only when all treatment options have been exhausted or the patient's medical condition dictates specialty care or both. When either or both circumstances apply, a referral to a DHS specialist may be made. Community Partner shall refer patients to DHS facilities for specialty service using the referral guidelines and

tools promulgated by DHS. Within the limits of the specialty clinic's availability, DHS shall be responsible for ensuring that specialty appointments are being made in a timely manner. Community Partner shall assure that all medically appropriate primary care examinations and ancillary services are completed prior to the referral and shall comply with all instructions for transfer which the accepting DHS facility issues. If Community Partner uses non-physician providers, it shall ensure that the referral is reviewed and authorized by a physician prior to submitting the referral to ensure the appropriateness of the referral, and that the referral justification is noted in the patient's medical record and included in the referral to the DHS specialist. Community Partner shall ensure that, prior to referral for specialty care, all patients have a completed an Ability-to-Pay application in accordance with the process set forth in Exhibit B-1.A. County will provide Community Partner with the specific processes, tools and guidelines for specialty care referral to DHS upon execution of this Agreement through the Provider Information Notice process.

Notwithstanding any right of Community Partner hereunder to refer patients to County for specialty care, the parties understand that the actual provision of any such services is subject to the decision of County medical staff designated by Director to review such referral. If County medical staff rejects any such referral, Community Partner medical personnel who have initiated the referral shall be contacted by County medical staff for arrangements to return the patient to Community Partner.

Nothing in the foregoing shall be intended or construed to limit the right of a Community Partner to provide specialty care onsite to Eligible Matched Program Patients, or to refer such patients to specialty care by a provider other than DHS, in accordance with Exhibit A-3.A and as to those Community Providers that either provide or have referral relationships for the provision of specialty care.

C. Mental Health Referrals: For Eligible Matched and/or Unmatched Program Patients, if, through the provision of services hereunder, Community Partner determines that a Matched or Unmatched Program Patient may require mental health services outside of the scope of primary care services permitted hereunder, Community Partner shall refer the patient to the Los Angeles County Department of Mental Health ("DMH") or one of DMH's Contracted Legal Entity Providers. Community Partner shall inform the patient of his/her right to contact DMH directly for such services. County shall provide Community Partner with guidelines and procedures for the circumstances under which a referral to DMH is appropriate as well as with guidelines and procedures for the referral process pursuant to the PIN process. Community Partner shall participate in all necessary care coordination with the patients' mental health provider. Community Partner shall ensure that a referral to DMH is made immediately upon the patient's request or of the Community Partner's determination that such services are indicated, as applicable.

If Community Partner determines that a patient receiving mental health services within the scope of primary care permitted hereunder requires

medication, County shall reimburse Community Partner for the provision of medication as a medication support service in accordance with the process set forth in Exhibit C.1.A or C.2.A, as applicable. In no event is Community Partner permitted to bill County, pursuant to this Agreement, for mental health services that are outside the scope of primary care services permitted hereunder. All such services shall be reimbursed pursuant to Community Partner's separate agreement for the provision of mental health services as administered by the County's Department of Mental Health.

D. Substance Abuse Referrals: If, through the provision of services hereunder, Community Partner determines that a patient may benefit from substance abuse treatment services, or if a patient inquires about the availability of no-cost substance abuse treatment services, Community Partner shall inform the patient that outpatient substance abuse treatment referrals may be obtained by the patient calling the Information and Referrals to Alcohol and Drug Program Services line at (800) 564-6600.

E. Accessing After-Hour and Emergency Services: Community Partner must triage and provide same-day or next-day care for a patient whom the Community Partner has seen in the past, and who should be seen for urgent primary care, as that term is defined in Exhibit A-5, within 48 hours. Community Partner shall establish a mechanism to inform Eligible Unmatched Program and/or Matched Program patients how to access primary health care services after hours, during weekends and holidays, and how to access emergency services.

14. Program Management: In accordance with Attachment II, Community Partner's Workplan, Community Partner must:

A. Provide continuous care, as medically appropriate, to patients who have been diagnosed with a chronic disease by primary health care providers at the Community Partner's site(s). Medically necessary follow-up care and medications must be provided without charge to the patient as long as he/she meets either the Unmatched or Matched Program's financial eligibility criteria.

B. Provide same-day or next-day appointments or walk-in services to those patients who require urgent primary care, as that term is defined in Exhibit A-5, within 48 hours, and regular scheduled appointments for returning patients, as medically necessary.

15. Patient Program Enrollment and Management: Community Partner shall, at all times, use its best efforts to enroll all Eligible Unmatched Program Patients into the Matched Program in accordance with the process set forth in Exhibit B-1.A. County recognizes and acknowledges that, as Community Partner successfully enrolls patients from the Unmatched Program into the Matched Program, Community Partner will create additional primary care capacity in its clinic sites under the Unmatched Program. Community Partner recognizes and acknowledges that County, as a provider of emergency, urgent and complex specialty care, among other services, requires primary care service sites to which it may send patients no longer in need of these and other DHS services.

In recognition of these facts, the parties agree that Community Partner shall reserve a set proportion of its primary care capacity as set forth in Paragraph 7,

subparagraph D of this Exhibit for use by County DHS in recognition of its need to transition certain of its patients from DHS care settings to primary care. Community Partner shall accept all referrals from DHS of these patients so long as it has the service capacity, as set forth herein, to do so. Additionally, Community Partner shall maintain, in the Unmatched Program, any capacity created by the referral of an Eligible Unmatched Program Patient to DHS for services to ensure that the patient has a primary care "slot" to which to return for service upon referral back from DHS.

Notwithstanding the foregoing, Community Partner shall be permitted to enroll patients into its Unmatched and/or Matched Program, using any capacity beyond that reserved for County or not needed by the County, only on condition that Community Partner meets all access standards for the Matched Program as set forth in Exhibit A-5.

16. Performance Measurement:

A. Baseline Measurements: Information provided in the Community Partner's approved Workplan provides baseline information for components of performance reports.

B. County Quarterly Reports: The County will issue quarterly reports to Community Partner to summarize performance of individual agencies. Information on the quarterly reports will be derived from claims adjudication data.

C. Community Partner Quarterly Reports: Community Partner shall provide quarterly reports to the County, as needed, providing information on volume of clinic workload, changes in capacity, and other data that is not available to the Department except through agency self-reporting. County shall

notify Community Partner of submission due dates and reporting requirements, as appropriate, via the Provider Information Notice process.

D. Encounter Data: Community Partner shall submit encounter data to County on a monthly basis for all Eligible Unmatched and Matched Program patients. Encounter data shall include all diagnosis codes and relevant procedure codes. Community Partner's obligation to provide encounter data shall apply regardless of whether Community Partner has met its Maximum Obligation for the Unmatched Program in any Fiscal Year such that it no longer claims for services provided to this population pursuant to this Agreement.

E. Data Reporting: For both Eligible Matched and Unmatched Program Patients, Community Partner shall report to DHS on a monthly basis those data elements as either DHS or the State of California or both require which will also include all diagnosis codes and relevant procedure codes. Community Partner's obligation to provide encounter data shall apply regardless of whether Community Partner has met its Maximum Obligation for the Unmatched Program in any Fiscal Year such that it no longer claims for services provided to this population pursuant to this Agreement. DHS shall notify Community Partner of the data required to be provided through the PIN process. As to Eligible Unmatched Program Patients, Community Partner's reporting obligation shall survive the cessation of funding for the provision of services in any Fiscal Year or part thereof that this Agreement is in effect. County shall update the data elements to be reported hereunder through the PIN process.

17. Performance Improvement: Community Partner shall participate in County activities to improve performance across the Healthy Way LA Initiative. As reasonable, this may include performance meetings with individual Community Partners, peer review meetings, and the review and development of new policies and procedures.

18. Additional Responsibilities for County and Community Partner under the South Los Angeles Preservation Fund Program: In addition to any specific requirements set forth under this Agreement, and during the term of this Agreement as to both parties, Community Partner, if a provider under the South Los Angeles Preservation Fund Program, and County shall be obligated to do all of the following:

A. Responsibilities of Community Partner:

- 1) Provide urgent care to Eligible Unmatched Program patients.

"Urgent care" is defined as a visit that is provided on a walk-in basis or through appointments available within 48 hours of the patient contacting Community Partner for an appointment. Fifty percent of visits reimbursed under the South Los Angeles Medical Services Preservation Fund Program must be provided after hours (after 5:00 p.m.), on the week-end or in the early morning hours. Hours which overlap with regular clinic hours will qualify.

- 2) Refer Eligible Unmatched Program Patients to a Disease Management Program when available.

- 3) Develop a system to identify that visits provided under the Preservation Fund Program are provided after 5:00 p.m., week-ends, early

mornings, same day or scheduled appointment within 48 hours of contacting Partner.

4) Provide quarterly reports to the County providing information on volume of clinic workload, changes in capacity, and other data that is not available to the Department except through agency self-reporting.

5) Provide to County services according to the days and hours specified in Community Partner's Workplan, Attachment II.

B. Responsibilities of County: County will issue quarterly reports to Community Partner to summarize performance of individual agencies, and comparisons to Community Partners similar in size and organization, and to South Los Angeles Medical Services Preservation Fund providers across the entire system. Information on the quarterly reports will be derived from claims adjudication data, Community Partner's quarterly reports, annual monitoring/audit reports, and other sources.

EXCLUDED SERVICES

FAMILY PLANNING		
ICD9Code	Short Description	Long Description
"V25"	"CONTRACEPTIVE MANAGEMENT"	"CONTRACEPTIVE MANAGEMENT"
"V25.0"	"GENERAL CNSL&ADVICE CONTRACEPT MGMT"	"GENERAL COUNSELING&ADVICE CONTRACEPT MANAGEMENT"
"V25.01"	"GENERAL CNSL PRSC ORAL CONTRACEPTS"	"GENERAL COUNSELING PRESCRIPTION ORAL CONTRACEPTS"
"V25.02"	"GEN CNSL INIT OTH CNTRACPT MEASURES"	"GENERAL CNSL INITIATION OTH CONTRACEPT MEASURES"
"V25.03"	"ENCOUNTER EMERG CNTRACPT CNSL&PRSC"	"ENCOUNTER EMERGENCY CONTRACEPT CNSL&PRESCRIPTION"
"V25.09"	"OTH GEN CNSL&ADVICE CNTRACPT MGMT"	"OTH GENERAL CNSL&ADVICE CONTRACEPT MANAGEMENT"
"V25.1"	"INSRTION INTRAUTERN CNTRACPT DEVICE"	"INSERTION OF INTRAUTERINE CONTRACEPTIVE DEVICE"
"V25.2"	"STERILIZATION"	"STERILIZATION"
"V25.3"	"MENSTRUAL EXTRACTION"	"MENSTRUAL EXTRACTION"
"V25.4"	"SURVEILLANCE CNTRACPT METH"	"SURVEILLANCE PREV PRESCRIBED CONTRACEPT METH"
"V25.40"	"UNSPEC CONTRACEPTIVE SURVEILLANCE"	"UNSPECIFIED CONTRACEPTIVE SURVEILLANCE"
"V25.41"	"SURVEILLANCE CNTRACPT PILL"	"SURVEILLANCE PREV PRESCRIBED CONTRACEPT PILL"
"V25.42"	"SURVEILLANCE-PREV PRESCRIBED IUD"	"SURVEILLANCE PREV PRSC INTRAUTERN CNTRACPT DEVC"
"V25.43"	"SURVEILLANCE IMPL SUBDERM CNTRACPT"	"SURVEILLANCE PREV PRSC IMPL SUBDERMAL CONTRACEPT"
"V25.49"	"SURVEIL-OTH PREV CONTRACEPT METH"	"SURVEILLANCE OTH PREV PRSC CONTRACEPT METHOD"
"V25.5"	"INSERTION IMPL SUBDERMAL CONTRACEPT"	"INSERTION OF IMPLANTABLE SUBDERMAL CONTRACEPTIVE"
"V25.8"	"OTHER SPEC CONTRACEPTIVE MANAGEMENT"	"OTHER SPECIFIED CONTRACEPTIVE MANAGEMENT"
"V25.9"	"UNSPEC CONTRACEPTIVE MANAGEMENT"	"UNSPECIFIED CONTRACEPTIVE MANAGEMENT"
"V26"	"PROCREATIVE MANAGEMENT"	"PROCREATIVE MANAGEMENT"
"V26.0"	"TUBOPLASTY/VASOPLASTY AFTR STERILIZ"	"TUBOPLASTY/VASOPLASTY AFTER PREVIOUS STERILIZ"
"V26.1"	"ARTIFICIAL INSEMINATION"	"ARTIFICIAL INSEMINATION"
"V26.2"	"INVESTIGAT&TESTING PROCREAT MGMT"	"INVESTIGATION AND TESTING PROCREATION MANAGEMENT"
"V26.21"	"FERTILITY TESTING"	"FERTILITY TESTING"
"V26.22"	"AFTERCARE FOLLOW STERILIZ REVERSAL"	"AFTERCARE FOLLOWING STERILIZATION REVERSAL"
"V26.29"	"OTHER INVESTIGATION AND TESTING"	"OTHER INVESTIGATION AND TESTING"
"V26.3"	"GENETIC COUNSELING AND TESTING"	"GENETIC COUNSELING AND TESTING"
"V26.4"	"GEN CNSL&ADVICE PROCREATIVE MGMT"	"GENERAL COUNSELING&ADVICE PROCREATIVE MANAGEMENT"
"V26.5"	"STERILIZATION STATUS"	"STERILIZATION STATUS"
"V26.51"	"TUBAL LIGATION STERILIZATION STATUS"	"TUBAL LIGATION STERILIZATION STATUS"
"V26.52"	"VASECTOMY STERILIZATION STATUS"	"VASECTOMY STERILIZATION STATUS"
"V26.8"	"OTHER SPEC PROCREATIVE MANAGEMENT"	"OTHER SPECIFIED PROCREATIVE MANAGEMENT"
"V26.9"	"UNSPECIFIED PROCREATIVE MANAGEMENT"	"UNSPECIFIED PROCREATIVE MANAGEMENT"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"V22"	"NORMAL PREGNANCY"	"NORMAL PREGNANCY"
"V22.0"	"SUPERVISION NORMAL FIRST PREGNANCY"	"SUPERVISION OF NORMAL FIRST PREGNANCY"
"V22.1"	"SUPERVISION OTHER NORMAL PREGNANCY"	"SUPERVISION OF OTHER NORMAL PREGNANCY"
"V22.2"	"PREGNANT STATE"	"INCIDENTAL"
"V23"	"SUPERVISION OF HIGH-RISK PREGNANCY"	"SUPERVISION OF HIGH-RISK PREGNANCY"
"V23.0"	"PREGNANCY W/HISTORY OF INFERTILITY"	"PREGNANCY WITH HISTORY OF INFERTILITY"
"V23.1"	"PG W/HX TROPHOBLASTIC DISEASE"	"PREGNANCY WITH HISTORY OF TROPHOBLASTIC DISEASE"
"V23.2"	"PREGNANCY WITH HISTORY OF ABORTION"	"PREGNANCY WITH HISTORY OF ABORTION"
"V23.3"	"PREGNANCY WITH GRAND MULTIPARITY"	"PREGNANCY WITH GRAND MULTIPARITY"
"V23.4"	"PREGNANCY W/OTH POOR OBSTETRIC HX"	"PREGNANCY WITH OTHER POOR OBSTETRIC HISTORY"
"V23.41"	"SUPERVISION PG W/HX PRE-TERM LABOR"	"SUPERVISION PREGNANCY W/HISTORY PRE-TERM LABOR"
"V23.49"	"SUP PG W/OTH POOR OBSTETRIC HX"	"SUPERVISION PREGNANCY W/OTH POOR OBSTETRIC HX"
"V23.5"	"PG W/OTH POOR REPRODUCTIVE HX"	"PREGNANCY WITH OTHER POOR REPRODUCTIVE HISTORY"
"V23.7"	"INSUFFICIENT PRENATAL CARE"	"INSUFFICIENT PRENATAL CARE"
"V23.8"	"OTHER HIGH-RISK PREGNANCY"	"OTHER HIGH-RISK PREGNANCY"
"V23.81"	"SUPV HI-RISK PG ELDER PRIMIGRAVDA"	"SUPERVISION HIGH-RISK PG ELDER PRIMIGRAVIDA"
"V23.82"	"SUPERVIS HI-RISK PG ELDER MXIGRAVDA"	"SUPERVISION HIGH-RISK PG ELDER MULTIGRAVIDA"
"V23.83"	"SUPV HI-RISK PG YOUNG PRIMIGRAVDA"	"SUPERVISION HIGH-RISK PG YOUNG PRIMIGRAVIDA"
"V23.84"	"SUPERVIS HI-RISK PG YOUNG MXIGRAVDA"	"SUPERVISION HIGH-RISK PG YOUNG MULTIGRAVIDA"
"V23.89"	"SUPERVISION OTH HIGH-RISK PREGNANCY"	"SUPERVISION OF OTHER HIGH-RISK PREGNANCY"
"V23.9"	"UNSPECIFIED HIGH-RISK PREGNANCY"	"UNSPECIFIED HIGH-RISK PREGNANCY"
"V24"	"POSTPARTUM CARE AND EXAMINATION"	"POSTPARTUM CARE AND EXAMINATION"
"V24.0"	"PP CARE&EXAM IMMED AFTER DELIV"	"POSTPARTUM CARE&EXAMINATION IMMED AFTER DELIV"
"V24.1"	"PP CARE&EXAMINATION LACTATING MOTH"	"POSTPARTUM CARE&EXAMINATION OF LACTATING MOTHER"
"V24.2"	"ROUTINE POSTPARTUM FOLLOW-UP"	"ROUTINE POSTPARTUM FOLLOW-UP"
"V27"	"OUTCOME OF DELIVERY"	"OUTCOME OF DELIVERY"
"V27.0"	"OUTCOME OF DELIVERY SINGLE LIVEBORN"	"OUTCOME OF DELIVERY SINGLE LIVEBORN"
"V27.1"	"OUTCOME DELIVERY SINGLE STILLBORN"	"OUTCOME OF DELIVERY SINGLE STILLBORN"
"V27.2"	"OUTCOME DELIV TWINS BOTH LIVEBORN"	"OUTCOME OF DELIVERY TWINS BOTH LIVEBORN"
"V27.3"	"OUTCOME DEL TWINS 1 LIVEB&1 STILLB"	"OUTCOME DELIVERY TWINS 1 LIVEBORN& 1 STILLBORN"
"V27.4"	"OUTCOME DELIV TWINS BOTH STILLBORN"	"OUTCOME OF DELIVERY TWINS BOTH STILLBORN"
"V27.5"	"OUTCOME DELIV OTH MX BRTH ALL LIVEB"	"OUTCOME DELIVERY OTH MULTIPLE BIRTH ALL LIVEBORN"
"V27.6"	"OUTCOME DEL OTH MX BRTH SOME LIVEB"	"OUTCOME DELIV OTH MULTIPLE BIRTH SOME LIVEBORN"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"V27.7"	"OUTCOME DEL OTH MX BRTH ALL STILLB"	"OUTCOME DELIV OTH MULTIPLE BIRTH ALL STILLBORN"
"V27.9"	"OUTCOME OF DELIVERY"	"UNSPECIFIED"
"V28"	"ANTENATAL SCREENING"	"ANTENATAL SCREENING"
"V28.0"	"ANTENATL SCR CHROMOSOM ANOM-AMNIO"	"ANTENATAL SCREENING CHROMOSOMAL ANOMALIES AMNIO"
"V28.1"	"ANTENATL SCR-HI AFP LEVLS AMNIO FL"	"SCREEN-RAISED AMNIOTIC ALPHA-FETAL PROTEIN LEVEL"
"V28.2"	"OTH ANTENATAL SCREENING BASED AMNIO"	"OTHER ANTENATAL SCREENING BASED ON AMNIOCENTESIS"
"V28.3"	"ANTENATAL SCR MALFORM USING USS"	"ANTENATAL SCREENING MALFORM USING ULTRASONICS"
"V28.4"	"ANTENATL SCR FETAL GROWTH RETARD-US"	"ANTENATAL SCR FETAL GROWTH RETARDATION USING US"
"V28.5"	"ANTENATAL SCREENING ISOIMMUNIZATION"	"ANTENATAL SCREENING FOR ISOIMMUNIZATION"
"V28.6"	"SCREENING OF STREPTOCOCCUS B"	"SCREENING OF STREPTOCOCCUS B"
"V28.8"	"OTHER SPECIFIED ANTENATAL SCREENING"	"OTHER SPECIFIED ANTENATAL SCREENING"
"V28.9"	"UNSPECIFIED ANTENATAL SCREENING"	"UNSPECIFIED ANTENATAL SCREENING"
"V29"	"OBS&EVAL NBS&INFNTS SPCTNOT FOUND"	"OBSERVATION&EVAL NBS&INFNTS SPCT COND NOT FOUND"
"V29.0"	"OBS&EVAL NBS&INFNT INF COND NOT FND"	"OBS&EVAL NBS&INFNTS SPCT INF COND NOT FOUND"
"V29.1"	"OBS&EVAL NB&INFNT NURO COND NOT FND"	"OBS&EVAL NBS&INFNTS SPCT NEURO COND NOT FOUND"
"V29.2"	"OBS&EVAL NB&INFNT RESP COND NOT FND"	"OBS&EVAL NBS&INFNTS SPCT RESP COND NOT FOUND"
"V29.3"	"OBSERVATION SPCT GENETIC/METAB COND"	"OBSERVATION SUSPECTED GENETIC/METABOLIC COND"
"V29.8"	"OBS&EVAL NB&INFNT OTH COND NOT FND"	"OBS&EVAL NBS&INFNTS OTH SPEC SPCT COND NOT FOUND"
"V29.9"	"OBS&EVAL NB&INFNT UNS COND NOT FND"	"OBS&EVAL NBS&INFNTS UNSPEC SPCT COND NOT FOUND"
"V30"	"SINGLE LIVEBORN"	"SINGLE LIVEBORN"
"V30.0"	"SINGLE LIVEBORN"	"BORN IN HOSPITAL"
"V30.00"	"SINGLE LIVEBORN HOSP W/O C-SEC"	"SINGLE LIVEBORN HOSPITAL W/O C-SECTION"
"V30.01"	"SINGLE LIVEBORN HOSP C-SEC DELIV"	"SINGLE LIVEBORN HOSPITAL DELIV BY C-SECTION"
"V30.1"	"SINGLE LIVEB BEFORE ADMISS HOSP"	"SINGLE LIVEBORN BORN BEFORE ADMISSION HOSPITAL"
"V30.2"	"SINGLE LIVEB OUTSIDE HOSP&NOT HOSP"	"SINGLE LIVEBORN BORN OUTSIDE HOSPITAL&NOT HOSP"
"V31"	"LIVEBORN TWIN MATE LIVEBORN"	"LIVEBORN TWIN BIRTH MATE LIVEBORN"
"V31.0"	"LIVEBORN TWIN-MATE LIVEBORN HOSP"	"LIVEBORN TWIN-MATE LIVEBORN IN HOSPITAL"
"V31.00"	"LIVEB TWIN-MATE LIVEB HOSP WO C-SEC"	"LIVEBORN TWIN-MATE LIVEBORN HOSP W/O C-SEC"
"V31.01"	"LIVEB TWIN-MATE LIVEB HOSP C-SEC"	"LIVEBORN TWIN-MATE LIVEBORN HOSP C-SEC"
"V31.1"	"LIVEB TWIN-MATE LIVEB BEFOR ADMISS"	"LIVEBORN TWIN-MATE LIVEBORN BEFORE ADMISS"
"V31.2"	"LIVEB TWIN-MATE LIVEB-NOT HOSP"	"LIVEBORN TWIN-MATE LIVEBORN OUTSIDE HOSP"
"V32"	"LIVEBORN TWIN-MATE STILLBORN"	"LIVEBORN TWIN- MATE STILLBORN"
"V32.0"	"LIVEBORN TWIN-MATE STILLBORN HOSP"	"LIVEBORN TWIN-MATE STILLBORN HOSPITAL"
"V32.00"	"LIVEBORN TWIN-MATE STILLB-W/O C-SEC"	"LIVEBORN TWIN-MATE STILLBORN HOSP W/O C-SEC"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"V32.01"	"LIVEBTWIN-MATE STILLB-HOSP C-SEC"	"LIVEBORN TWIN-MATE STILLBORN HOSPITAL C-SEC"
"V32.1"	"LIVEB TWIN-MATE STILLB-BEFOR ADMISS"	"LIVEBORN TWIN-MATE STILLBORN BEFORE ADMISS"
"V32.2"	"LIVEBORN TWIN-MATE STILLB-NOT HOSP"	"LIVEBORN TWIN-MATE STILLB OUTSIDE HOSP&NOT HOSP"
"V33"	"LIVEBORN TWIN-UNS MATE LIVEB/STILLB"	"LIVEBORN TWIN UNS WHETHER MATE LIVEBORN/STILLB"
"V33.0"	"LIVEBORN TWIN-UNS MATE-HOSP"	"LIVEBORN TWIN-UNS MATE LIVEBORN/STILLB HOSP"
"V33.00"	"LIVEB TWIN-UNS MATE-HOSP W/O C-SEC"	"LIVEB TWIN-UNS MATE LIVEB/STILLB-HOSP W/O C-SEC"
"V33.01"	"LIVEBORN TWIN-UNS MATE-HOSP C-SEC"	"TWIN UNS MATE STILLB/LIVEB BORN HOS DEL C/S DEL"
"V33.1"	"LIVEB TWIN-UNS MATE-BEFORE ADMISS"	"LIVB TWIN-UNS MATE LIVEB/STILLB-BEFORE ADMISS"
"V33.2"	"LIVEBORN TWIN-UNS MATE-NOT HOSP"	"LIVEB TWIN-UNS MATE LIVEB/STILLB OUTSIDE HOSP"
"V34"	"LIVEBORN OTH MX MATES ALL LIVEBORN"	"LIVEBORN OTH MULTIPLE MATES ALL LIVEBORN"
"V34.0"	"LIVEB OTH MX-MATES ALL LIVEB HOSP"	"LIVEBORN OTH MULTIPLE-MATES LIVEBORN HOSPITAL"
"V34.00"	"LIVEB OTH MX-MATES LIVEB-W/O C-SEC"	"OTH MX MATES ALL LIVEB BORN HOS DEL W/O C/S DEL"
"V34.01"	"LIVEB OTH MX-MATES LIVEB-HOSP C-SEC"	"LIVEBORN OTH MX-MATES LIVEBORN HOSP C-SEC"
"V34.1"	"LIVEB OTH MX-MATES LIVEB BFOR ADM"	"LIVEBORN OTH MX-MATES LIVEBORN BEFOR ADMISSION"
"V34.2"	"LIVEB OTH MX MATES LIVEB-NOT HOSP"	"LIVEBORN OTH MX-MATES LIVEBORN OUTSIDE HOSP"
"V35"	"LIVEBORN OTH MX MATES ALL STILLBORN"	"LIVEBORN OTHER MULTIPLE MATES ALL STILLBORN"
"V35.0"	"LIVEBORN OTH MX-MATES STILLB HOSP"	"LIVEBORN OTH MX-MATES ALL STILLBORN HOSPITAL"
"V35.00"	"LIVEB OTH MX-MATES STILLB-W/O C-SEC"	"LIVEBORN OTH MX-MATES STILLB HOSP W/O C-SEC"
"V35.01"	"LIVEB OTH MX-MATES STILLB-HOS C-SEC"	"LIVEBORN OTH MX-MATES STILLBORN HOSP C-SEC"
"V35.1"	"LIVEB OTH MX-MATES STILLB-BEFOR ADM"	"LIVEBORN OTH MX-MATES STILLB BEFORE ADMISSION"
"V35.2"	"LIVEB OTH MX- MATES STILLB-NOT HOSP"	"LIVEBORN OTH MX-MATES STILLB OUTSIDE HOSP"
"V36"	"LIVEBORN OTH MX-MATES LIVEB&STILLB"	"LIVEBORN OTH MULTIPLE-MATES LIVEBORN&STILLBORN"
"V36.0"	"LIVEB OTH MX-MATES LIVEB&STILLB HOS"	"LIVEBORN OTH MX-MATES LIVEB&STILLB IN HOSPITAL"
"V36.00"	"LIVEB OTH MX-LIVEB&STILLB-W/O C-SEC"	"LIVEB OTH MX-MATES LIVEB&STILLB HOSP W/O C-SEC"
"V36.01"	"LIVEB OTH MX-LIVEB&STILLB-HOSP C-SE"	"LIVEBORN OTH MX-MATES LIVEB&STILLB HOSP C-SEC"
"V36.1"	"LIVEB OTH MX-LIVEB&STILLB-BFOR ADMI"	"LIVEB OTH MX-MATES LIVEB&STILLB BEFORE ADMISS"
"V36.2"	"LIVEB OTH MX-LIVEB&STILLB-OUT HOSP"	"LIVEB OTH MX-MATES LIVEB&STILLB OUTSIDE HOSP"
"V37"	"LIVEB OTH MX-UNS MATES LIVEB/STILLB"	"LIVEBORN OTH MX-UNS WHETHER MATES LIVEB/STILLB"
"V37.0"	"LIVEBORN OTH MX UNS-IN HOSP"	"LIVEBORN OTH MX-UNS MATES STILLB/LIVEB IN HOSP"
"V37.00"	"LIVEB OTH MX UNS-IN HOSP W/O C-SEC"	"LIVEB OTH MX-UNS MATE LIVEB/STILLB-HOSP WO C-SEC"
"V37.01"	"LIVEBORN OTH MX UNS IN HOSP C-SEC"	"LIVEB OTH MX-UNS MATES LIVEB/STILLB HOSP C-SEC"
"V37.1"	"LIVEB OTH MX UNS-BEFORE ADMISSION"	"LIVEB OTH MX-UNS MATES LIVEB/STILLB BEFOR ADMISS"
"V37.2"	"LIVEBORN OTH MX UNS-OUTSIDE HOSP"	"LIVEB OTH MX-UNS MATES LIVEB/STILLB OUTSIDE HOSP"
"V39"	"LIVEB UNSPEC WHETHER SINGLE TWIN/MX"	"LIVEBORN UNSPEC WHETHER SINGLE TWIN/MULTIPLE"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"V39.0"	"LIVEBORN UNS 1 TWIN/MX BORN HOSP"	"LIVEBORN UNSPEC SINGLE TWIN/MX BORN HOSPITAL"
"V39.00"	"LIVEBORN UNS-IN HOSP W/O C-SEC"	"LIVEBORN UNS SINGLE TWIN/MX IN HOSP W/O C-SEC"
"V39.01"	"LIVEBORN UNS IN HOSP C-SEC"	"LIVEBORN UNS SINGLE TWIN/MX IN HOSP C-SEC"
"V39.1"	"LIVEBORN UNS-BEFORE ADMISSION"	"LIVEBORN UNS SINGLE TWIN/MX BEFORE ADMISSION"
"V39.2"	"LIVEBORN UNS-OUTSIDE HOSP"	"LIVEBORN UNS SINGLE TWIN/MX OUTSIDE HOSP"
"630"	"HYDATIDIFORM MOLE"	"HYDATIDIFORM MOLE"
"631"	"OTHER ABNORMAL PRODUCT CONCEPTION"	"OTHER ABNORMAL PRODUCT OF CONCEPTION"
"632"	"MISSED ABORTION"	"MISSED ABORTION"
"633"	"ECTOPIC PREGNANCY"	"ECTOPIC PREGNANCY"
"633.0"	"ABDOMINAL PREGNANCY"	"ABDOMINAL PREGNANCY"
"633.00"	"ABD PG WITHOUT INTRAUTERINE PG"	"ABD PREGNANCY WITHOUT INTRAUTERINE PREGNANCY"
"633.01"	"ABD PG W/INTRAUTERINE PG"	"ABDOMINAL PREGNANCY WITH INTRAUTERINE PREGNANCY"
"633.1"	"TUBAL PREGNANCY"	"TUBAL PREGNANCY"
"633.10"	"TUBAL PG WITHOUT INTRAUTERINE PG"	"TUBAL PREGNANCY WITHOUT INTRAUTERINE PREGNANCY"
"633.11"	"TUBAL PG W/INTRAUTERINE PG"	"TUBAL PREGNANCY WITH INTRAUTERINE PREGNANCY"
"633.2"	"OVARIAN PREGNANCY"	"OVARIAN PREGNANCY"
"633.20"	"OVARIAN PG WITHOUT INTRAUTERINE PG"	"OVARIAN PREGNANCY WITHOUT INTRAUTERINE PREGNANCY"
"633.21"	"OVARIAN PG W/INTRAUTERINE PG"	"OVARIAN PREGNANCY WITH INTRAUTERINE PREGNANCY"
"633.8"	"OTHER ECTOPIC PREGNANCY"	"OTHER ECTOPIC PREGNANCY"
"633.80"	"OTH ECTOPIC PG W/O INTRAUTERINE PG"	"OTH ECTOPIC PG WITHOUT INTRAUTERINE PG"
"633.81"	"OTH ECTOPIC PG W/INTRAUTERINE PG"	"OTHER ECTOPIC PREGNANCY W/INTRAUTERINE PREGNANCY"
"633.9"	"UNSPECIFIED ECTOPIC PREGNANCY"	"UNSPECIFIED ECTOPIC PREGNANCY"
"633.90"	"UNS ECTOPIC PG W/O INTRAUTERINE PG"	"UNSPEC ECTOPIC PG WITHOUT INTRAUTERINE PG"
"633.91"	"UNSPEC ECTOPIC PG W/INTRAUTERINE PG"	"UNSPEC ECTOPIC PG W/INTRAUTERINE PG"
"634"	"SPONTANEOUS ABORTION"	"SPONTANEOUS ABORTION"
"634.0"	"SPONT AB COMP GENIT TRACT&PELV INF"	"SPONTANEOUS AB COMP GENITAL TRACT&PELVIC INF"
"634.00"	"UNSA B COMP GENIT TRACT&PELV INF"	"UNSPEC SPONT AB COMP GENITAL TRACT&PELV INF"
"634.01"	"INCPLAB COMP GENIT TRACT&PELV INF"	"INCPL SPONTANEOUS AB COMP GENITAL TRACT&PELV INF"
"634.02"	"CMPLAB COMP GENIT TRACT&PELV INF"	"COMPLETE SPONT AB COMP GENITAL TRACT&PELV INF"
"634.1"	"SPONT AB COMP DELAY/EXCESS HEMORR"	"SPONTANEOUS AB COMP DELAY/EXCESSIVE HEMORRHAGE"
"634.10"	"UNS SPONT AB COMP DELAY/XCESS HEMOR"	"UNSPEC SPONTANEOUS AB COMP DELAY/EXCESS HEMORR"
"634.11"	"INCPLAB COMP DELAY/XCESS HEMOR"	"INCPL SPONTANEOUS AB COMP DELAY/EXCESS HEMORR"
"634.12"	"CMPLAB COMP DELAY/XCESS HEMOR"	"COMPLETE SPONTANEOUS AB COMP DELAY/EXCESS HEMORR"
"634.2"	"SPONT AB COMP DAMGE PELV ORGN/TISS"	"SPONTANEOUS AB COMP DAMAGE PELVIC ORGANS/TISSUES"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"634.20"	"UNSAB COMP DAMGE PELV ORGN/TISS"	"UNSPEC SPONT AB COMP DAMGE PELV ORGN/TISSUES"
"634.21"	"INCPLAB COMP DAMGE PELV ORGN/TISS"	"INCPL SPONT AB COMP DAMGE PELV ORGN/TISSUES"
"634.22"	"CMPLAB COMP DAMGE PELV ORGN/TISS"	"COMPLETE SPONT AB COMP DAMGE PELV ORGN/TISSUES"
"634.3"	"SPONTANEOUS AB COMP RENAL FAILURE"	"SPONTANEOUS ABORTION COMPLICATED RENAL FAILURE"
"634.30"	"UNSPEC SPONT AB COMP RENAL FAIL"	"UNSPEC SPONTANEOUS AB COMPLICATED RENAL FAILURE"
"634.31"	"INCPL SPONT AB COMP RENAL FAIL"	"INCOMPLETE SPONTANEOUS AB COMP RENAL FAILURE"
"634.32"	"COMPLETE SPONT AB COMP RENAL FAIL"	"COMPLETE SPONTANEOUS AB COMP RENAL FAILURE"
"634.4"	"SPONTANEOUS AB COMP METAB DISORDER"	"SPONTANEOUS AB COMPLICATED METABOLIC DISORDER"
"634.40"	"UNSPEC SPONT AB COMP METAB DISORDER"	"UNSPEC SPONTANEOUS AB COMP METABOLIC DISORDER"
"634.41"	"INCPL SPONT AB COMP METAB DISORDER"	"INCPL SPONTANEOUS AB COMP METABOLIC DISORDER"
"634.42"	"CMPL SPONT AB COMP METAB DISORDER"	"COMPLETE SPONTANEOUS AB COMP METABOLIC DISORDER"
"634.5"	"SPONTANEOUS AB COMPLICATED SHOCK"	"SPONTANEOUS ABORTION COMPLICATED BY SHOCK"
"634.50"	"UNSPEC SPONTANEOUS AB COMP SHOCK"	"UNSPEC SPONTANEOUS ABORTION COMPLICATED SHOCK"
"634.51"	"INCPL SPONTANEOUS AB COMP SHOCK"	"INCOMPLETE SPONTANEOUS AB COMPLICATED SHOCK"
"634.52"	"COMPLETE SPONTANEOUS AB COMP SHOCK"	"COMPLETE SPONTANEOUS ABORTION COMPLICATED SHOCK"
"634.6"	"SPONTANEOUS AB COMPLICATED EMBOLISM"	"SPONTANEOUS ABORTION COMPLICATED BY EMBOLISM"
"634.60"	"UNSPEC SPONTANEOUS AB COMP EMBOLISM"	"UNSPEC SPONTANEOUS ABORTION COMPLICATED EMBOLISM"
"634.61"	"INCOMPLETE SPONTANEOUS AB COMP EMBO"	"INCOMPLETE SPONTANEOUS AB COMPLICATED EMBOLISM"
"634.62"	"COMPLETE SPONTANEOUS AB COMP EMBO"	"COMPLETE SPONTANEOUS AB COMPLICATED EMBOLISM"
"634.7"	"SPONTANEOUS AB W/OTH SPEC COMPS"	"SPONTANEOUS ABORTION W/OTHER SPEC COMPLICATIONS"
"634.70"	"UNSPEC SPONT AB W/OTH SPEC COMPS"	"UNSPEC SPONTANEOUS AB W/OTH SPEC COMPLICATIONS"
"634.71"	"INCPL SPONT AB W/OTH SPEC COMPS"	"INCOMPLETE SPONTANEOUS AB W/OTH SPEC COMPS"
"634.72"	"COMPLETE SPONT AB W/OTH SPEC COMPS"	"COMPLETE SPONTANEOUS AB W/OTH SPEC COMPLICATIONS"
"634.8"	"SPONTANEOUS AB W/UNSPEC COMP"	"SPONTANEOUS ABORTION W/UNSPECIFIED COMPLICATION"
"634.80"	"UNSPEC SPONTANEOUS AB W/UNSPEC COMP"	"UNSPEC SPONTANEOUS AB W/UNSPEC COMPLICATION"
"634.81"	"INCPL SPONTANEOUS AB W/UNSPEC COMP"	"INCOMPLETE SPONTANEOUS AB W/UNSPEC COMPLICATION"
"634.82"	"COMPLETE SPONT AB W/UNSPEC COMP"	"COMPLETE SPONTANEOUS AB W/UNSPEC COMPLICATION"
"634.9"	"SPONTANEOUS AB WITHOUT MENTION COMP"	"SPONTANEOUS AB WITHOUT MENTION COMPLICATION"
"634.90"	"UNSPEC SPONT AB W/O MENTION COMP"	"UNSPEC SPONTANEOUS AB WITHOUT MENTION COMP"
"634.91"	"INCPL SPONT AB WITHOUT MENTION COMP"	"INCOMPLETE SPONTANEOUS AB WITHOUT MENTION COMP"
"634.92"	"COMPLETE SPONT AB W/O MENTION COMP"	"COMPLETE SPONTANEOUS AB WITHOUT MENTION COMP"
"635"	"LEGALLY INDUCED ABORTION"	"LEGALLY INDUCED ABORTION"
"635.0"	"LEGAL AB COMPL GENIT TRACT&PELV INF"	"LEGALLY INDUCD AB COMPL GENITAL TRACT&PELVIC INF"
"635.00"	"UNS LEGL AB COMPL GEN TRCT&PELV INF"	"UNSPEC LEGL INDUCD AB COMPL GENIT TRACT&PELV INF"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"635.01"	"INCMPL LEGL AB COMPL GENIT&PELV INF"	"INCOMPL LEGL INDUCD AB COMPL GENIT TRCT&PELV INF"
"635.02"	"CMPL LEGL AB COMPL GENITAL&PELV INF"	"CMPL LEGL INDUCD AB COMPL GENITAL TRACT&PELV INF"
"635.1"	"LEGL AB COMPL DELAY/EXCESS HEMORR"	"LEGALLY INDUCED AB COMPL DELAY/EXCESS HEMORRHAGE"
"635.10"	"UNS LEGL AB COMPL DELAY/EXCESS HEM"	"UNSPEC LEGL INDUCD AB COMPL DELAY/EXCESS HEMORR"
"635.11"	"INCMPL LEGL AB COMPL DELAY/XCSS HEM"	"INCOMPL LEGL INDUCD AB COMPL DELAY/EXCESS HEMORR"
"635.12"	"CMPL LEGL AB COMPL DELAY/EXCESS HEM"	"CMPL LEGL INDUCD AB COMPL DELAY/EXCESS HEMORR"
"635.2"	"LEGL AB COMPL DAMGE PELV ORGN/TISS"	"LEGL INDUCD AB COMPL DAMGE PELVIC ORGANS/TISSUES"
"635.20"	"UNS LEGL AB COMPL DAMGE PELV ORGN"	"UNSPEC LEGL INDUCD AB COMPL DAMGE PELV ORGN/TISS"
"635.21"	"LEGL AB COMPL DMGE PELV ORGN INCMPL"	"LEGL INDUCD AB COMPL DAMGE PELV ORGN/TISS INCMPL"
"635.22"	"CMPL LEGL AB COMPL DAMGE PELV ORGN"	"CMPL LEGL INDUCD AB COMPL DAMGE PELV ORGN/TISS"
"635.3"	"LEGALLY INDUCED AB COMP RENAL FAIL"	"LEGALLY INDUCED AB COMPLICATED RENAL FAILURE"
"635.30"	"UNS LEGL INDUCD AB COMP RENL FAIL"	"UNSPEC LEGALLY INDUCED AB COMP RENAL FAILURE"
"635.31"	"INCPL LEGL INDUCD AB COMP RENL FAIL"	"INCOMPLETE LEGALLY INDUCED AB COMP RENAL FAILURE"
"635.32"	"CMPL LEGL INDUCD AB COMP RENAL FAIL"	"COMPLETE LEGALLY INDUCED AB COMP RENAL FAILURE"
"635.4"	"LEGL INDUCD AB COMP METAB DISORDER"	"LEGALLY INDUCED AB COMP METABOLIC DISORDER"
"635.40"	"UNS LEGL INDUCD AB COMP METAB D/O"	"UNSPEC LEGALLY INDUCD AB COMP METABOLIC DISORDER"
"635.41"	"INCPL LEGL INDUCD AB COMP METAB D/O"	"INCPL LEGALLY INDUCED AB COMP METABOLIC DISORDER"
"635.42"	"CMPL LEGL INDUCD AB COMP METAB D/O"	"COMPLETE LEGL INDUCD AB COMP METABOLIC DISORDER"
"635.5"	"LEGALLY INDUCED AB COMP SHOCK"	"LEGALLY INDUCED ABORTION COMPLICATED BY SHOCK"
"635.50"	"UNSPEC LEGALLY INDUCD AB COMP SHOCK"	"UNSPEC LEGALLY INDUCED AB COMPLICATED SHOCK"
"635.51"	"LEGALLY INDUCED AB COMP SHOCK INCPL"	"LEGALLY INDUCED AB COMPLICATED SHOCK INCOMPLETE"
"635.52"	"COMPLETE LEGL INDUCD AB COMP SHOCK"	"COMPLETE LEGALLY INDUCED AB COMPLICATED SHOCK"
"635.6"	"LEGALLY INDUCED AB COMP EMBOLISM"	"LEGALLY INDUCED ABORTION COMPLICATED BY EMBOLISM"
"635.60"	"UNSPEC LEGALLY INDUCED AB COMP EMBO"	"UNSPEC LEGALLY INDUCED AB COMPLICATED EMBOLISM"
"635.61"	"INCPL LEGALLY INDUCED AB COMP EMBO"	"INCOMPLETE LEGALLY INDUCED AB COMP EMBOLISM"
"635.62"	"COMPLETE LEGL INDUCD AB COMP EMBO"	"COMPLETE LEGALLY INDUCED AB COMPLICATED EMBOLISM"
"635.7"	"LEGALLY INDUCED AB W/OTH SPEC COMPS"	"LEGALLY INDUCED AB W/OTH SPEC COMPLICATIONS"
"635.70"	"UNS LEGL INDUCD AB W/OTH SPEC COMPS"	"UNSPEC LEGALLY INDUCED AB W/OTH SPEC COMPS"
"635.71"	"INCPL LEGL INDUCD AB W/OTH COMPS"	"INCOMPLETE LEGALLY INDUCED AB W/OTH SPEC COMPS"
"635.72"	"CMPL LEGL INDUCD AB W/OTH COMPS"	"COMPLETE LEGALLY INDUCED AB W/OTH SPEC COMPS"
"635.8"	"LEGALLY INDUCED AB W/UNSPEC COMP"	"LEGALLY INDUCED ABORTION W/UNSPEC COMPLICATION"
"635.80"	"UNSPEC LEGL INDUCD AB W/UNSPEC COMP"	"UNSPEC LEGALLY INDUCED AB W/UNSPEC COMPLICATION"
"635.81"	"INCPL LEGL INDUCD AB W/UNSPEC COMP"	"INCOMPLETE LEGALLY INDUCED AB W/UNSPEC COMP"
"635.82"	"CMPL LEGL INDUCD AB W/UNSPEC COMP"	"COMPLETE LEGALLY INDUCED AB W/UNSPEC COMP"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"635.9"	"LEGL INDUCD AB WITHOUT MENTION COMP"	"LEGALLY INDUCED AB WITHOUT MENTION COMPLICATION"
"635.90"	"UNS LEGL INDUCD AB W/O MENTION COMP"	"UNSPEC LEGALLY INDUCED AB WITHOUT MENTION COMP"
"635.91"	"INCPL LEGL INDUCD AB W/O COMP"	"INCPL LEGALLY INDUCED AB WITHOUT MENTION COMP"
"635.92"	"CMPL LEGL INDUCD AB W/O COMP"	"COMPLETE LEGALLY INDUCED AB WITHOUT MENTION COMP"
"636"	"ILLEGALLY INDUCED ABORTION"	"ILLEGALLY INDUCED ABORTION"
"636.0"	"ILEG AB COMP GENIT TRACT&PELVIC INF"	"ILEG INDUCD AB COMPL GENIT TRACT&PELVIC INF"
"636.00"	"UNS ILEG AB COMPL GEN TRCT&PELV INF"	"UNSPEC ILEG AB COMPL GENIT TRACT&PELV INF"
"636.01"	"INCPL ILEG AB COMPL GENIT&PELV INF"	"INCOMPL ILEG AB COMPL GEN TRACT&PELV INF"
"636.02"	"CMPL ILEG AB COMPL GENITAL&PELV INF"	"CMPL ILEG INDUCD AB COMPL GENITAL TRACT&PELV INF"
"636.1"	"ILEG AB COMPL DELAY/EXCESS HEMORR"	"ILEG INDUCED AB COMPL DELAY/EXCESSIVE HEMORR"
"636.10"	"UNS ILEG AB COMPL DELAY/EXCESS HEM"	"UNSPEC ILEG INDUCED AB COMPL DELAY/EXCESS HEMORR"
"636.11"	"INCPL ILEG AB COMPL DELAY/XCSS HEM"	"INCOMPL ILEG INDUCD AB COMPL DELAY/EXCESS HEMORR"
"636.12"	"CMPL ILEG AB COMPL DELAY/EXCESS HEM"	"CMPL ILEG INDUCD AB COMPL DELAY/EXCESS HEMORR"
"636.2"	"ILEG AB COMPL DAMGE PELV ORGN/TISS"	"ILEG INDUCED AB COMPL DAMGE PELVIC ORGANS/TISSUE"
"636.20"	"UNS ILEG AB COMPL DAMGE PELV ORGN"	"UNSPEC ILEG INDUCD AB COMPL DAMGE PELV ORGN/TISS"
"636.21"	"INCPL ILEG AB COMPL DMGE PELV ORGN"	"INCPL ILEG INDUCD AB COMPL DAMGE PELV ORGN/TISS"
"636.22"	"CMPL ILEG AB COMPL DAMGE PELV ORGN"	"CMPL ILEG INDUCD AB COMPL DAMGE PELV ORGN/TISS"
"636.3"	"ILEG INDUCED AB COMP RENAL FAIL"	"ILLEGALLY INDUCED AB COMPLICATED RENAL FAILURE"
"636.30"	"UNS ILEG INDUCD AB COMP RENL FAIL"	"UNSPEC ILLEGALLY INDUCED AB COMP RENAL FAILURE"
"636.31"	"INCPL ILEG INDUCD AB COMP RENL FAIL"	"INCOMPLETE ILLEGALLY INDUCED AB COMP RENAL FAIL"
"636.32"	"CMPL ILEG INDUCD AB COMP RENAL FAIL"	"COMPLETE ILLEGALLY INDUCED AB COMP RENAL FAILURE"
"636.4"	"ILEG INDUCD AB COMP METAB DISORDER"	"ILLEGALLY INDUCED AB COMP METABOLIC DISORDER"
"636.40"	"UNS ILEG AB COMPL METABOLIC D/O"	"UNSPEC ILEG INDUCED AB COMPL METABOLIC D/O"
"636.41"	"INCPL ILEG INDUCD AB COMP METAB D/O"	"INCOMPL ILEG INDUCED AB COMPL METABOLIC DISORDER"
"636.42"	"CMPL ILEG INDUCD AB COMP METAB D/O"	"COMPLETE ILEG INDUCED AB COMP METABOLIC DISORDER"
"636.5"	"ILLEGALLY INDUCED AB COMP SHOCK"	"ILLEGALLY INDUCED ABORTION COMPLICATED BY SHOCK"
"636.50"	"UNSPEC ILEG INDUCED AB COMP SHOCK"	"UNSPEC ILLEGALLY INDUCED AB COMPLICATED SHOCK"
"636.51"	"INCPL ILEG INDUCED AB COMP SHOCK"	"INCOMPLETE ILLEGALLY INDUCED AB COMP SHOCK"
"636.52"	"COMPLETE ILEG INDUCED AB COMP SHOCK"	"COMPLETE ILLEGALLY INDUCED AB COMPLICATED SHOCK"
"636.6"	"ILLEGALLY INDUCED AB COMP EMBOLISM"	"ILLEGALLY INDUCED ABORTION COMPLICATED EMBOLISM"
"636.60"	"UNSPEC ILEG INDUCED AB COMP EMBO"	"UNSPEC ILLEGALLY INDUCED AB COMPLICATED EMBOLISM"
"636.61"	"INCPL ILEG INDUCED AB COMP EMBO"	"INCOMPLETE ILLEGALLY INDUCED AB COMP EMBOLISM"
"636.62"	"COMPLETE ILEG INDUCED AB COMP EMBO"	"COMPLETE ILLEGALLY INDUCED AB COMP EMBOLISM"
"636.7"	"ILEG INDUCED AB W/OTH SPEC COMPS"	"ILLEGALLY INDUCED AB W/OTH SPEC COMPLICATIONS"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"636.70"	"UNS ILEG INDUCD AB W/OTH SPEC COMPS"	"UNSPEC ILLEGALLY INDUCED AB W/OTH SPEC COMPS"
"636.71"	"INCPL ILEG INDUCD AB W/OTH COMPS"	"INCOMPLETE ILLEGALLY INDUCED AB W/OTH SPEC COMPS"
"636.72"	"CMPL ILEG INDUCD AB W/OTH COMPS"	"COMPLETE ILLEGALLY INDUCED AB W/OTH SPEC COMPS"
"636.8"	"ILLEGALLY INDUCED AB W/UNSPEC COMP"	"ILLEGALLY INDUCED ABORTION W/UNSPEC COMPLICATION"
"636.80"	"UNSPEC ILEG INDUCD AB W/UNSPEC COMP"	"UNSPEC ILLEGALLY INDUCED AB W/UNSPEC COMP"
"636.81"	"INCPL ILEG INDUCED AB W/UNSPEC COMP"	"INCOMPLETE ILLEGALLY INDUCED AB W/UNSPEC COMP"
"636.82"	"CMPL ILEG INDUCD AB W/UNSPEC COMP"	"COMPLETE ILLEGALLY INDUCED AB W/UNSPEC COMP"
"636.9"	"ILEG INDUCD AB WITHOUT MENTION COMP"	"ILLEGALLY INDUCED AB WITHOUT MENTION COMP"
"636.90"	"UNS ILEG INDUCD AB W/O MENTION COMP"	"UNSPEC ILLEGALLY INDUCED AB WITHOUT MENTION COMP"
"636.91"	"INCPL ILEG INDUCD AB W/O COMP"	"INCOMPLETE ILEG INDUCED AB WITHOUT MENTION COMP"
"636.92"	"CMPL ILEG INDUCD AB W/O COMP"	"COMPLETE ILEG INDUCED AB WITHOUT MENTION COMP"
"637"	"LEGALLY UNSPECIFIED ABORTION"	"LEGALLY UNSPECIFIED ABORTION"
"637.0"	"LEGL UNS AB COMP GNT TRACT&PELV INF"	"LEGALLY UNSPEC AB COMP GENITAL TRACT&PELVIC INF"
"637.00"	"AB UNS-CMPL/LEGL COMPL GEN&PELV INF"	"AB UNS AS CMPL/LEGL COMPL GENIT TRACT&PELV INF"
"637.01"	"LEGL UNS AB INCMPL COMPL PELV INF"	"LEGL UNS AB INCOMPL COMPL GENIT TRACT&PELV INF"
"637.02"	"LEGL UNS AB CMPL COMPL GEN&PELV INF"	"LEGL UNS AB CMPL COMPL GENITAL TRACT&PELV INF"
"637.1"	"LEGL UNS AB COMP DELAY/XCESS HEMORR"	"LEGALLY UNSPEC AB COMP DELAY/EXCESS HEMORRHAGE"
"637.10"	"AB UNS CMPL/LEGL COMPL DELAY HEM"	"AB UNS AS CMPL/LEGL COMPL DELAY/EXCESS HEMORR"
"637.11"	"LEGL UNS AB INCMPL COMPL DELAY HEM"	"LEGL UNS AB INCOMPL COMPL DELAY/EXCESS HEMORR"
"637.12"	"LEGL UNS AB CMPL COMPL DELAY HEM"	"LEGL UNS AB COMPLETE COMPL DELAY/EXCESS HEMORR"
"637.2"	"LEGL UNS AB COMPL DAMGE PELV ORGN"	"LEGL UNS AB COMPL DAMGE PELVIC ORGANS/TISSUES"
"637.20"	"AB UNS CMPL/LEGL COMPL DAMGE PELVIC"	"AB UNS AS CMPL/LEGL COMPL DAMGE PELV ORGN/TISS"
"637.21"	"LEGL UNS AB INCMPL COMPL DAMGE PELV"	"LEGL UNS AB INCOMPL COMPL DAMGE PELV ORGN/TISS"
"637.22"	"LEGL UNS AB CMPL COMPL DAMGE PELV"	"LEGL UNS AB CMPL COMPL DAMGE PELV ORGN/TISS"
"637.3"	"LEGALLY UNSPEC AB COMP RENAL FAIL"	"LEGALLY UNSPEC AB COMPLICATED RENAL FAILURE"
"637.30"	"AB UNS AS CMPL/LEGL COMP RENL FAIL"	"AB UNSPEC AS CMPL/LEGALITY COMP RENAL FAILURE"
"637.31"	"LEGL UNSPEC AB INCPL COMP RENL FAIL"	"LEGALLY UNSPEC AB INCOMPLETE COMP RENAL FAILURE"
"637.32"	"LEGL UNSPEC AB CMPL COMP RENAL FAIL"	"LEGALLY UNSPEC AB COMPLETE COMP RENAL FAILURE"
"637.4"	"LEGL UNSPEC AB COMP METAB DISORDER"	"LEGALLY UNSPEC AB COMPLICATED METABOLIC DISORDER"
"637.40"	"AB UNS CMPLNESS/LEGL COMP METAB D/O"	"AB UNSPEC AS CMPLNESS/LEGL COMP METAB DISORDER"
"637.41"	"LEGL UNSPEC AB INCPL COMP METAB D/O"	"LEGALLY UNSPEC AB INCPL COMP METABOLIC DISORDER"
"637.42"	"LEGL UNSPEC AB CMPL COMP METAB D/O"	"LEGL UNSPEC AB COMPLETE COMP METABOLIC DISORDER"
"637.5"	"LEGALLY UNSPEC AB COMPLICATED SHOCK"	"LEGALLY UNSPECIFIED ABORTION COMPLICATED SHOCK"
"637.50"	"AB UNSPEC AS CMPL/LEGL COMP SHOCK"	"AB UNSPEC AS CMPL/LEGALITY COMPLICATED SHOCK"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"637.51"	"LEGALLY UNSPEC AB INCPL COMP SHOCK"	"LEGALLY UNSPEC AB INCOMPLETE COMPLICATED SHOCK"
"637.52"	"LEGL UNSPEC AB COMPLETE COMP SHOCK"	"LEGALLY UNSPEC AB COMPLETE COMPLICATED SHOCK"
"637.6"	"LEGALLY UNSPEC AB COMP EMBOLISM"	"LEGALLY UNSPEC ABORTION COMPLICATED EMBOLISM"
"637.60"	"AB UNSPEC AS CMPL/LEGL COMP EMBO"	"AB UNSPEC AS CMPL/LEGALITY COMPLICATED EMBOLISM"
"637.61"	"LEGALLY UNSPEC AB INCPL COMP EMBO"	"LEGALLY UNSPEC AB INCOMPLETE COMP EMBOLISM"
"637.62"	"LEGL UNSPEC AB COMPLETE COMP EMBO"	"LEGALLY UNSPEC AB COMPLETE COMPLICATED EMBOLISM"
"637.7"	"LEGALLY UNSPEC AB W/OTH SPEC COMPS"	"LEGALLY UNSPEC ABORTION W/OTH SPEC COMPLICATIONS"
"637.70"	"AB UNS CMPL/LEGL W/OTH SPEC COMPS"	"AB UNSPEC AS CMPL/LEGALITY W/OTH SPEC COMPS"
"637.71"	"LEGL UNS AB INCPL W/OTH SPEC COMPS"	"LEGALLY UNSPEC AB INCOMPLETE W/OTH SPEC COMPS"
"637.72"	"LEGL UNS AB CMPL W/OTH SPEC COMPS"	"LEGALLY UNSPEC AB COMPLETE W/OTH SPEC COMPS"
"637.8"	"LEGALLY UNSPEC AB W/UNSPEC COMP"	"LEGALLY UNSPEC ABORTION W/UNSPEC COMPLICATION"
"637.80"	"AB UNS AS CMPL/LEGL W/UNSPEC COMP"	"AB UNSPEC AS CMPL/LEGALITY W/UNSPEC COMPLICATION"
"637.81"	"LEGL UNSPEC AB INCPL W/UNSPEC COMP"	"LEGALLY UNSPEC AB INCOMPLETE W/UNSPEC COMP"
"637.82"	"LEGL UNSPEC AB CMPL W/UNSPEC COMP"	"LEGALLY UNSPEC AB COMPLETE W/UNSPEC COMPLICATION"
"637.9"	"LEGL UNSPEC AB WITHOUT MENTION COMP"	"LEGALLY UNSPEC AB WITHOUT MENTION COMPLICATION"
"637.90"	"UNS TYPE AB UNS CMPL/LEGL W/O COMP"	"UNS TYPE AB UNS AS CMPL/LEGL W/O MENTION COMP"
"637.91"	"LEGL UNS AB INCPL W/O MENTION COMP"	"LEGALLY UNSPEC AB INCPL WITHOUT MENTION COMP"
"637.92"	"LEGL UNS AB CMPL W/O MENTION COMP"	"LEGALLY UNSPEC AB COMPLETE WITHOUT MENTION COMP"
"638"	"FAILED ATTEMPTED ABORTION"	"FAILED ATTEMPTED ABORTION"
"638.0"	"FAILD ATTMP AB COMPL GEN&PELV INF"	"FAILD ATTEMP AB COMP GENITAL TRACT&PELVIC INF"
"638.1"	"FAILATMPT AB COMP DELAY/XCESS HEMOR"	"FAILED ATTEMP AB COMP DELAY/EXCESSIVE HEMORRHAGE"
"638.2"	"FAILD ATTMP AB COMPL DMGE PELV ORGN"	"FAILD ATTEMP AB COMP DAMGE PELVIC ORGANS/TISSUES"
"638.3"	"FAILED ATTEMP AB COMPL RENAL FAILUR"	"FAILED ATTEMPTED AB COMPLICATED RENAL FAILURE"
"638.4"	"FAILD ATTEMP AB COMPL METAB D/O"	"FAILED ATTEMP AB COMPLICATED METABOLIC DISORDER"
"638.5"	"FAILED ATTEMP AB COMPLICATED SHOCK"	"FAILED ATTEMPTED ABORTION COMPLICATED BY SHOCK"
"638.6"	"FAILED ATTEMP AB COMPL EMBOLISM"	"FAILED ATTEMPTED ABORTION COMPLICATED EMBOLISM"
"638.7"	"FAILED ATTEMP AB W/OTH SPEC COMPL"	"FAILED ATTEMPTED AB W/OTH SPEC COMPLICATION"
"638.8"	"FAILED ATTEMP AB W/UNSPEC COMP"	"FAILED ATTEMPTED ABORTION W/UNSPEC COMPLICATION"
"638.9"	"FAILED ATTEMP AB W/O MENTION COMPL"	"FAILED ATTEMPTED AB WITHOUT MENTION COMPLICATION"
"639"	"COMPS FOLLOW AB/ECTOPIC&MOLAR PG"	"COMPS FOLLOWING AB/ECTOPIC&MOLAR PREGNANCIES"
"639.0"	"GENIT&PELV INF FLW AB/ECTOP&MOLR PG"	"GENIT TRACT&PELV INF FOLLOW AB/ECTOPIC&MOLAR PG"
"639.1"	"DLAY/XCESS HEM FLW AB/ECTOP&MOLR PG"	"DELAY/EXCESS HEMORR FOLLOW AB/ECTOPIC&MOLAR PG"
"639.2"	"DMGE PELV ORGN FLW AB/ECTOP&MOLR PG"	"DAMGE PELV ORGN&TISS FOLLOW AB/ECTOPIC&MOLAR PG"
"639.3"	"RENL FAIL FOLLOW AB/ECTOP&MOLAR PG"	"RENAL FAIL FOLLOW AB/ECTOPIC&MOLAR PREGNANCIES"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"639.4"	"METAB D/O FOLLOW AB/ECTOP&MOLAR PG"	"METAB D/O FOLLOW AB/ECTOPIC&MOLAR PREGNANCIES"
"639.5"	"SHOCK FOLLOW AB/ECTOPIC&MOLAR PG"	"SHOCK FOLLOWING AB/ECTOPIC&MOLAR PREGNANCIES"
"639.6"	"EMBO FOLLOW AB/ECTOPIC&MOLAR PG"	"EMBOLISM FOLLOWING AB/ECTOPIC&MOLAR PREGNANCIES"
"639.8"	"OTH SPEC COMP FLW AB/ECTOP&MOLAR PG"	"OTH SPEC COMP FOLLOW AB/ECTOPIC&MOLAR PG"
"639.9"	"UNS COMP FOLLOW AB/ECTOPIC&MOLAR PG"	"UNSPEC COMP FOLLOW AB/ECTOPIC&MOLAR PREGNANCIES"
"64"	"OPERATIONS ON PENIS"	"OPERATIONS ON PENIS"
"64.0"	"CIRCUMCISION"	"CIRCUMCISION"
"64.1"	"DIAGNOSTIC PROCEDURES ON THE PENIS"	"DIAGNOSTIC PROCEDURES ON THE PENIS"
"64.11"	"BIOPSY OF PENIS"	"BIOPSY OF PENIS"
"64.19"	"OTHER DIAGNOSTIC PROCEDURES PENIS"	"OTHER DIAGNOSTIC PROCEDURES ON PENIS"
"64.2"	"LOCAL EXCISION/DESTRUC LESION PENIS"	"LOCAL EXCISION OR DESTRUCTION OF LESION OF PENIS"
"64.3"	"AMPUTATION OF PENIS"	"AMPUTATION OF PENIS"
"64.4"	"REPAIR AND PLASTIC OPERATION PENIS"	"REPAIR AND PLASTIC OPERATION ON PENIS"
"64.41"	"SUTURE OF LACERATION OF PENIS"	"SUTURE OF LACERATION OF PENIS"
"64.42"	"RELEASE OF CHORDEE"	"RELEASE OF CHORDEE"
"64.43"	"CONSTRUCTION OF PENIS"	"CONSTRUCTION OF PENIS"
"64.44"	"RECONSTRUCTION OF PENIS"	"RECONSTRUCTION OF PENIS"
"64.45"	"REPLANTATION OF PENIS"	"REPLANTATION OF PENIS"
"64.49"	"OTHER REPAIR OF PENIS"	"OTHER REPAIR OF PENIS"
"64.5"	"OPERATIONS SEX TRANSFORMATION NEC"	"OPERATIONS FOR SEX TRANSFORMATION NEC"
"64.9"	"OTH OPERATIONS MALE GENITAL ORGANS"	"OTHER OPERATIONS ON MALE GENITAL ORGANS"
"64.91"	"DORSAL OR LATERAL SLIT OF PREPUCE"	"DORSAL OR LATERAL SLIT OF PREPUCE"
"64.92"	"INCISION OF PENIS"	"INCISION OF PENIS"
"64.93"	"DIVISION OF PENILE ADHESIONS"	"DIVISION OF PENILE ADHESIONS"
"64.94"	"FITTING EXTERNAL PROSTHESIS PENIS"	"FITTING OF EXTERNAL PROSTHESIS OF PENIS"
"64.95"	"INSRT NON-INFLATABLE PENILE PROSTH"	"INSERTION/REPLCMT NON-INFLATABLE PENILE PROSTH"
"64.96"	"REMOVAL INTERNAL PROSTHESIS PENIS"	"REMOVAL OF INTERNAL PROSTHESIS OF PENIS"
"64.97"	"INSRT INFLATABLE PENILE PROSTH"	"INSERTION/REPLCMT INFLATABLE PENILE PROSTHESIS"
"64.98"	"OTHER OPERATIONS ON PENIS"	"OTHER OPERATIONS ON PENIS"
"64.99"	"OTH OPERATIONS MALE GENITAL ORGANS"	"OTHER OPERATIONS ON MALE GENITAL ORGANS"
"640"	"HEMORRHAGE IN EARLY PREGNANCY"	"HEMORRHAGE IN EARLY PREGNANCY"
"640.0"	"THREATENED ABORTION"	"THREATENED ABORTION"
"640.00"	"THREATENED AB UNSPEC AS EPIS CARE"	"THREATENED ABORTION UNSPECIFIED AS EPISODE CARE"
"640.01"	"THREATENED ABORTION"	"DELIVERED"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"640.03"	"THREATENED ABORTION"	"ANTEPARTUM"
"640.8"	"OTH SPEC HEMORRHAGE EARLY PREGNANCY"	"OTHER SPECIFIED HEMORRHAGE IN EARLY PREGNANCY"
"640.80"	"OTH SPEC HEMORR EARLY PG UNS EOC"	"OTH SPEC HEMORR EARLY PG UNSPEC AS EPIS CARE"
"640.81"	"OTH SPEC HEMORR EARLY PG DELIV"	"OTHER SPEC HEMORRHAGE EARLY PREGNANCY DELIVERED"
"640.83"	"OTH SPEC HEMORR EARLY PG ANTPRTM"	"OTHER SPEC HEMORRHAGE EARLY PREGNANCY ANTEPARTUM"
"640.9"	"UNSPEC HEMORRHAGE EARLY PREGNANCY"	"UNSPECIFIED HEMORRHAGE IN EARLY PREGNANCY"
"640.90"	"UNS HEMORR EARLY PG UNS AS EPIS CARE"	"UNSPEC HEMORR EARLY PG UNSPEC AS EPIS CARE"
"640.91"	"UNSPEC HEMORR EARLY PREGNANCY DELIV"	"UNSPECIFIED HEMORRHAGE EARLY PREGNANCY DELIVERED"
"640.93"	"UNSPEC HEMORR EARLY PG ANTPRTM"	"UNSPEC HEMORRHAGE EARLY PREGNANCY ANTEPARTUM"
"641"	"ANTPRTM HEM ABRUPTIO&PLACNTA PREVIA"	"ANTPRTM HEMORR ABRUPTIO PLACNTA&PLACENTA PREVIA"
"641.0"	"PLACENTA PREVIA WITHOUT HEMORRHAGE"	"PLACENTA PREVIA WITHOUT HEMORRHAGE"
"641.00"	"PLACNTA PREVIA W/O HEMOR UNS EOC"	"PLACENTA PREVIA W/O HEMORR UNSPEC AS EPIS CARE"
"641.01"	"PLACENTA PREVIA W/O HEMORR DELIV"	"PLACENTA PREVIA WITHOUT HEMORRHAGE WITH DELIVERY"
"641.03"	"PLACENTA PREVIA W/O HEMORR ANTPRTM"	"PLACENTA PREVIA WITHOUT HEMORRHAGE ANTEPARTUM"
"641.1"	"HEMORRHAGE FROM PLACENTA PREVIA"	"HEMORRHAGE FROM PLACENTA PREVIA"
"641.10"	"HEMORR PLACNTA PREVIA UNS EPIS CARE"	"HEMORR FROM PLACENTA PREVIA UNSPEC AS EPIS CARE"
"641.11"	"HEMORR FROM PLACENTA PREVIA W/DELIV"	"HEMORRHAGE FROM PLACENTA PREVIA WITH DELIVERY"
"641.13"	"HEMORR FROM PLACENTA PREVIA ANTPRTM"	"HEMORRHAGE FROM PLACENTA PREVIA ANTEPARTUM"
"641.2"	"PREMATURE SEPARATION OF PLACENTA"	"PREMATURE SEPARATION OF PLACENTA"
"641.20"	"PRMAT SEP PLACNTA UNS AS EPIS CARE"	"PRMAT SEPARATION PLACENTA UNSPEC AS EPIS CARE"
"641.21"	"PRMAT SEPARATION PLACENTA W/DELIV"	"PREMATURE SEPARATION OF PLACENTA WITH DELIVERY"
"641.23"	"PRMAT SEPARATION PLACENTA ANTPRTM"	"PREMATURE SEPARATION OF PLACENTA ANTEPARTUM"
"641.3"	"ANTPRTM HEMORRW/COAGULAT DEFEC"	"ANTPRTM HEMORRHAGE ASSOC W/COAGULATION DEFEC"
"641.30"	"ANTPRTM HEM W/COAGLAT DEFEC UNS EOC"	"ANTPRTM HEMORR W/COAGULAT DEFEC UNS EPIS CARE"
"641.31"	"ANTPRTM HEMORW/COAGULAT DEFEC DELIV"	"ANTPRTM HEMORR ASSOC W/COAGULAT DEFEC W/DELIV"
"641.33"	"ANTPRTM HEM W/COAGLAT DEFEC ANTPRTM"	"ANTPRTM HEMORR ASSOC W/COAGULAT DEFECT ANTPRTM"
"641.8"	"OTHER ANTEPARTUM HEMORRHAGE"	"OTHER ANTEPARTUM HEMORRHAGE"
"641.80"	"OTH ANTPRTM HEMORR UNS AS EPIS CARE"	"OTH ANTEPARTUM HEMORRHAGE UNSPEC AS EPISODE CARE"
"641.81"	"OTH ANTPRTM HEMORRHAGE W/DELIVERY"	"OTHER ANTEPARTUM HEMORRHAGE WITH DELIVERY"
"641.83"	"OTH ANTPRTM HEMORRHAGE ANTPRTM"	"OTHER ANTEPARTUM HEMORRHAGE ANTEPARTUM"
"641.9"	"UNSPECIFIED ANTEPARTUM HEMORRHAGE"	"UNSPECIFIED ANTEPARTUM HEMORRHAGE"
"641.90"	"UNS ANTPRTM HEMORR UNS AS EPIS CARE"	"UNSPEC ANTPRTM HEMORRHAGE UNSPEC AS EPISODE CARE"
"641.91"	"UNSPEC ANTPRTM HEMORRHAGE W/DELIV"	"UNSPECIFIED ANTEPARTUM HEMORRHAGE WITH DELIVERY"
"641.93"	"UNSPEC ANTPRTM HEMORRHAGE ANTPRTM"	"UNSPECIFIED ANTEPARTUM HEMORRHAGE ANTEPARTUM"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"642"	"HTN COMP PG CHLDBRTH&THE PUERPERIUM"	"HTN COMP PREGNANCY CHILDBIRTH&THE PUERPERIUM"
"642.0"	"ESSEN HYPERTEN COMP PREG"	"BEN HTN COMP PG CHLDBRTH&THE PUERPERIUM"
"642.00"	"ESSEN HYPERTEN PREG-UNSP"	"BEN HTN COMP PG CHLDBRTH&THE PUERPERIUM UNS EOC"
"642.01"	"BEN ESSENTIAL HYPERTENSION W/DELIV"	"BENIGN ESSENTIAL HYPERTENSION WITH DELIVERY"
"642.02"	"BEN ESSENTIAL HTN DELIV W/CURR PPC"	"BEN ESSENTIAL HYPERTENSION W/DELIV W/CURRENT PPC"
"642.03"	"BEN ESSENTIAL HYPERTENSION ANTPRTM"	"BENIGN ESSENTIAL HYPERTENSION ANTEPARTUM"
"642.04"	"BEN ESSENTIAL HTN PREVIOUS PPC"	"BENIGN ESSENTIAL HYPERTENSION PREVIOUS PPC"
"642.1"	"RENAL HYPERTEN OF PREG"	"HTN SEC RENAL DZ COMP PG CHLDBRTH&THE PUERPERIUM"
"642.10"	"HTN SEC RENL DZ COMPL PG&PP UNS EOC"	"HTN SEC RENL DZ COMPL PG BRTH&PP UNS EOC"
"642.11"	"HTN SEC RENAL DISEASE W/DELIV"	"HYPERTENSION SEC TO RENAL DISEASE WITH DELIVERY"
"642.12"	"HTN SEC RENAL DZ DELIV W/CURRNT PPC"	"HTN SEC RENAL DISEASE W/DELIV W/CURRENT PP COMPL"
"642.13"	"HTN SEC RENAL DISEASE ANTPRTM"	"HYPERTENSION SEC TO RENAL DISEASE ANTEPARTUM"
"642.14"	"HTN SEC RENAL DZ PREVIOUS PP COND"	"HTN SEC RENAL DISEASE PREVIOUS POSTPARTUM COND"
"642.2"	"OLD HYPERTEN PREG NEC"	"OTH PRE-XST HTN COMP PG CHILDBRTH&THE PUERPERIUM"
"642.20"	"OTH PRE-XST HTN COMPL PG&PP UNS EOC"	"OTH PRE-XST HTN COMPL PG BRTH&PP UNS EOC"
"642.21"	"OTH PRE-EXISTING HTN W/DELIV"	"OTHER PRE-EXISTING HYPERTENSION WITH DELIVERY"
"642.22"	"OTH PRE-XST HTN DELIV W/CURRENT PPC"	"OTH PRE-EXISTING HTN W/DELIV W/CURRENT PP COMPL"
"642.23"	"OTH PRE-EXISTING HTN ANTPRTM"	"OTHER PRE-EXISTING HYPERTENSION ANTEPARTUM"
"642.24"	"OTH PRE-XST HTN PREVIOUS PP COND"	"OTH PRE-EXISTING HTN PREVIOUS POSTPARTUM COND"
"642.3"	"TRANSIENT HYPERTENSION OF PREGNANCY"	"TRANSIENT HYPERTENSION OF PREGNANCY"
"642.30"	"TRANSIENT HTN PG UNS AS EPIS CARE"	"TRANSIENT HTN PREGNANCY UNSPEC AS EPIS CARE"
"642.31"	"TRANSIENT HTN PREGNANCY W/DELIV"	"TRANSIENT HYPERTENSION OF PREGNANCY W/DELIVERY"
"642.32"	"TRANSIENT HTN PG DELIV W/CURRNT PPC"	"TRANSIENT HTN PG W/DELIV W/CURRENT PP COMPL"
"642.33"	"TRANSIENT HTN PREGNANCY ANTPRTM"	"TRANSIENT HYPERTENSION OF PREGNANCY ANTEPARTUM"
"642.34"	"TRANSIENT HTN PG PREVIOUS PP COND"	"TRANSIENT HTN PREGNANCY PREVIOUS POSTPARTUM COND"
"642.4"	"MILD OR UNSPECIFIED PRE-ECLAMPSIA"	"MILD OR UNSPECIFIED PRE-ECLAMPSIA"
"642.40"	"MILD/UNS PRE-ECLAMP UNS EPIS CARE"	"MILD/UNSPEC PRE-ECLAMPSIA UNSPEC AS EPISODE CARE"
"642.41"	"MILD/UNSPEC PRE-ECLAMPSIA W/DELIV"	"MILD OR UNSPECIFIED PRE-ECLAMPSIA WITH DELIVERY"
"642.42"	"MILD/UNS PRE-ECLAMP DEL W/CURR PPC"	"MILD/UNSPEC PRE-ECLAMPSIA W/DELIV W/CURRENT PPC"
"642.43"	"MILD/UNSPEC PRE-ECLAMPSIA ANTPRTM"	"MILD OR UNSPECIFIED PRE-ECLAMPSIA ANTEPARTUM"
"642.44"	"MILD/UNSPEC PRE-ECLAMP PREV PP COND"	"MILD/UNSPEC PRE-ECLAMPSIA PREVIOUS PP COND"
"642.5"	"SEVERE PRE-ECLAMPSIA"	"SEVERE PRE-ECLAMPSIA"
"642.50"	"SEV PRE-ECLAMP UNSPEC AS EPIS CARE"	"SEVERE PRE-ECLAMPSIA UNSPECIFIED AS EPISODE CARE"
"642.51"	"SEVERE PRE-ECLAMPSIA	"WITH DELIVERY"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"642.52"	"SEV PRE-ECLAMP DELIV W/CURRNT PPC"	"SEVERE PRE-ECLAMPSIA W/DELIVERY W/CURRENT PPC"
"642.53"	"SEVERE PRE-ECLAMPSIA	ANTEPARTUM"
"642.54"	"SEVERE PRE-ECLAMP PREVIOUS PP COND"	"SEVERE PRE-ECLAMPSIA PREVIOUS POSTPARTUM COND"
"642.6"	"ECLAMPSIA"	"ECLAMPSIA COMP PG CHILDBIRTH/THE PUERPERIUM"
"642.60"	"ECLAMPSIA-UNSPECIFIED"	"ECLAMPSIA-UNS EOC"
"642.61"	"ECLAMPSIA	WITH DELIVERY"
"642.62"	"ECLAMPSIA W/DELIVERY W/CURRENT PPC"	"ECLAMPSIA W/DELIVERY W/CURRENT PPC"
"642.63"	"ECLAMPSIA	ANTEPARTUM"
"642.64"	"ECLAMPSIA PREVIOUS POSTPARTUM COND"	"ECLAMPSIA PREVIOUS POSTPARTUM CONDITION"
"642.7"	"PRE-ECLAMP/ECLAMP PRE-XST HTN"	"PRE-ECLAMP/ECLAMPSIA SUPERIMPOSED PRE-XST HTN"
"642.70"	"PRE-ECLMP/ECLMP PRE-XST HTN-UNS EOC"	"PRE-ECLAMPSIA/ECLAMPSIA W/PRE-EXIST HTN-UNS EOC"
"642.71"	"PRE-ECLAMP/ECLAMP PRE-XST HTN DELIV"	"PRE-ECLAMP/ECLAMPSIA SUPERIMPS PRE-XST HTN DELIV"
"642.72"	"PRE-ECLMP/ECLMP PRE-XST HTN-DEL-PPC"	"PRE-ECLAMPSIA/ECLMPSIA W/PRE-EXIST HTN-DEL W/PPC"
"642.73"	"PRE-ECLMP/ECLMP PRE-XST HTN ANTPRTM"	"PRE-ECLAMPSIA/ECLAMPSIA PRE-EXIST HTN ANTEPARTUM"
"642.74"	"PRE-ECLAMP/ECLAMP PRE-XST HTN PP"	"PRE-ECLAMP/ECLAMPSIA SUPERIMPOSED PRE-XST HTN PP"
"642.9"	"HYPERTENS COMPL PREG NOS"	"UNSPEC HTN COMP PG CHILDBIRTH/THE PUERPERIUM"
"642.90"	"HYPERTEN PREG NOS-UNSPEC"	"UNS HTN COMP PG CHLDBRTH/THE PUERPERIUM UNS EOC"
"642.91"	"UNSPECIFIED HYPERTENSION W/DELIVERY"	"UNSPECIFIED HYPERTENSION WITH DELIVERY"
"642.92"	"UNSPEC HTN W/DELIV W/CURRENT PPC"	"UNSPEC HYPERTENSION W/DELIVERY W/CURRENT PPC"
"642.93"	"UNSPECIFIED HYPERTENSION ANTEPARTUM"	"UNSPECIFIED HYPERTENSION ANTEPARTUM"
"642.94"	"UNSPEC HTN PREVIOUS POSTPARTUM COND"	"UNSPEC HYPERTENSION PREVIOUS POSTPARTUM COND"
"643"	"EXCESSIVE VOMITING IN PREGNANCY"	"EXCESSIVE VOMITING IN PREGNANCY"
"643.0"	"MILD HYPEREMESIS GRAVIDARUM"	"MILD HYPEREMESIS GRAVIDARUM"
"643.00"	"MILD HYPEREMESIS GRAVDA UNS EOC"	"MILD HYPEREMESIS GRAVIDARUM UNSPEC AS EPIS CARE"
"643.01"	"MILD HYPEREMESIS GRAVIDARUM DELIV"	"MILD HYPEREMESIS GRAVIDARUM DELIVERED"
"643.03"	"MILD HYPEREMESIS GRAVIDARUM ANTPRTM"	"MILD HYPEREMESIS GRAVIDARUM ANTEPARTUM"
"643.1"	"HYPEREMESIS GRAVIDA W/METAB DISTURB"	"HYPEREMESIS GRAVIDARUM W/METABOLIC DISTURBANCE"
"643.10"	"HYPEREMESIS W/METAB DSTUR UNS EOC"	"HYPEREMESIS GRAVIDA W/METAB DSTUR UNS EPIS CARE"
"643.11"	"HYPEREMESIS W/METAB DISTURBANCE DEL"	"HYPEREMESIS GRAVIDA W/METAB DISTURBANCE DELIV"
"643.13"	"HYPEREMESIS W/METAB DISTURB ANTPRTM"	"HYPEREMESIS GRAVIDA W/METAB DISTURBANCE ANTPRTM"
"643.2"	"LATE VOMITING OF PREGNANCY"	"LATE VOMITING OF PREGNANCY"
"643.20"	"LATE VOMITING PG UNS AS EPIS CARE"	"LATE VOMITING PREGNANCY UNSPEC AS EPISODE CARE"
"643.21"	"LATE VOMITING PREGNANCY DELIVERED"	"LATE VOMITING OF PREGNANCY DELIVERED"
"643.23"	"LATE VOMITING PREGNANCY ANTEPARTUM"	"LATE VOMITING OF PREGNANCY ANTEPARTUM"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"643.8"	"OTH VOMITING COMPLICATING PREGNANCY"	"OTHER VOMITING COMPLICATING PREGNANCY"
"643.80"	"OTH VOMITING COMP PG UNS EPIS CARE"	"OTH VOMITING COMP PREGNANCY UNSPEC AS EPIS CARE"
"643.81"	"OTH VOMITING COMP PREGNANCY DELIV"	"OTHER VOMITING COMPLICATING PREGNANCY DELIVERED"
"643.83"	"OTH VOMITING COMP PREGNANCY ANTPRTM"	"OTHER VOMITING COMPLICATING PREGNANCY ANTEPARTUM"
"643.9"	"UNSPECIFIED VOMITING OF PREGNANCY"	"UNSPECIFIED VOMITING OF PREGNANCY"
"643.90"	"UNS VOMITING PG UNS AS EPIS CARE"	"UNSPEC VOMITING PREGNANCY UNSPEC AS EPISODE CARE"
"643.91"	"UNSPEC VOMITING PREGNANCY DELIVERED"	"UNSPECIFIED VOMITING OF PREGNANCY DELIVERED"
"643.93"	"UNSPEC VOMITING PREGNANCY ANTPRTM"	"UNSPECIFIED VOMITING OF PREGNANCY ANTEPARTUM"
"644"	"EARLY OR THREATENED LABOR"	"EARLY OR THREATENED LABOR"
"644.0"	"THREATENED PREMATURE LABOR"	"THREATENED PREMATURE LABOR"
"644.00"	"THREATENED PRMAT LABR UNS EPIS CARE"	"THREATENED PREMATURE LABOR UNSPEC AS EPIS CARE"
"644.03"	"THREATENED PREMATURE LABOR ANTPRTM"	"THREATENED PREMATURE LABOR ANTEPARTUM"
"644.1"	"OTHER THREATENED LABOR"	"OTHER THREATENED LABOR"
"644.10"	"OTH THREATENED LABR UNS EPIS CARE"	"OTHER THREATENED LABOR UNSPEC AS EPISODE CARE"
"644.13"	"OTHER THREATENED LABOR"	ANTEPARTUM"
"644.2"	"EARLY ONSET OF DELIVERY"	"EARLY ONSET OF DELIVERY"
"644.20"	"ERLY ONSET DELIV UNS AS EPIS CARE"	"EARLY ONSET DELIVERY UNSPECIFIED AS EPISODE CARE"
"644.21"	"EARLY ONSET DELIVERY-DEL"	"ERLY ONSET DELIV DELIV W/WO MENTION ANTPRTM COND"
"645"	"PROLONGED PREGNANCY"	"PROLONGED PREGNANCY"
"645.1"	"POST TERM PREGNANCY"	"POST TERM PREGNANCY"
"645.10"	"POST TERM PG UNS EOC/NOT APPLIC"	"POST TERM PG UNSPEC AS EPIS CARE/NOT APPLIC"
"645.11"	"POST TERM PG DEL W/WO ANTPRTM COND"	"POST TERM PG DELIV W/WO MENTION ANTPRTM COND"
"645.13"	"POST TERM PG ANTPRTM COND/COMP"	"POST TERM PREGNANCY ANTEPARTUM COND/COMPLICATION"
"645.2"	"PROLONGED PREGNANCY"	"PROLONGED PREGNANCY"
"645.20"	"PROLNG PG UNS EPIS CARE/NOT APPLIC"	"PROLONGED PG UNSPEC AS EPIS CARE/NOT APPLIC"
"645.21"	"PROLNG PG DELIV W/WO ANTPRTM COND"	"PROLONGED PG DELIV W/WO MENTION ANTPRTM COND"
"645.23"	"PROLONG PG DELIV ANTPRTM COND/COMP"	"PROLONGED PREGNANCY DELIVERED ANTPRTM COND/COMP"
"646"	"OTHER COMPLICATIONS PREGNANCY NEC"	"OTHER COMPLICATIONS OF PREGNANCY NEC"
"646.0"	"PAPYRACEOUS FETUS"	"PAPYRACEOUS FETUS"
"646.00"	"PAPYRACEOUS FETUS UNS AS EPIS CARE"	"PAPYRACEOUS FETUS UNSPECIFIED AS TO EPISODE CARE"
"646.01"	"PAPYRACEOUS FETUS-DELIV"	"PAPYRACEOUS FETUS DELIV W/WO ANTPRTM COND"
"646.03"	"PAPYRACEOUS FETUS"	ANTEPARTUM"
"646.1"	"EDEMA/XCESS WT GAIN PG W/O HTN"	"EDEMA/EXCESS WEIGHT GAIN PG WITHOUT MENTION HTN"
"646.10"	"EDEMA/XCESS WT GAIN PG UNS EOC"	"EDEMA/EXCESS WEIGHT GAIN PG UNSPEC AS EPIS CARE"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"646.11"	"EDEMA IN PREG-DELIVERED"	"EDEMA/XCESS WT GAIN PG DELIV W/WO ANTPRTM COMP"
"646.12"	"EDEMA IN PREG-DEL W P/P"	"EDEMA/EXCESS WEIGHT GAIN PG DELIV W/CURRENT PPC"
"646.13"	"EDEMA/EXCESSIVE WEIGHT GAIN ANTPRTM"	"EDEMA OR EXCESSIVE WEIGHT GAIN ANTEPARTUM"
"646.14"	"EDEMA/XCESS WT GAIN PREV PP COND"	"EDEMA/EXCESS WEIGHT GAIN PREVIOUS PP COND"
"646.2"	"UNSPEC RENAL DZ PG W/O MENTION HTN"	"UNSPEC RENAL DISEASE PG WITHOUT MENTION HTN"
"646.20"	"UNS RENL DZ PG UNS AS EPIS CARE"	"UNSPEC RENAL DISEASE PG UNSPEC AS EPIS CARE"
"646.21"	"UNSPEC RENAL DISEASE PG W/DELIV"	"UNSPECIFIED RENAL DISEASE PREGNANCY W/DELIVERY"
"646.22"	"UNS RENL DZ PG DELIV W/CURRNT PPC"	"UNSPEC RENAL DISEASE PG W/DELIV W/CURRENT PPC"
"646.23"	"UNSPEC ANTEPARTUM RENAL DISEASE"	"UNSPECIFIED ANTEPARTUM RENAL DISEASE"
"646.24"	"UNSPEC RENAL DZ PREVIOUS PP COND"	"UNSPEC RENAL DISEASE PREVIOUS POSTPARTUM COND"
"646.3"	"PREGNANCY COMP HABITUAL ABORTER"	"PREGNANCY COMPLICATION HABITUAL ABORTER"
"646.30"	"PG COMP HABITUAL ABORTER UNS EOC"	"PG COMP HABITUAL ABORTER UNSPEC AS EPIS CARE"
"646.31"	"HABITUAL ABORTER-DELIVER"	"PG COMP HABITUAL ABORTER W/WO ANTPRTM COND"
"646.33"	"HABITUAL ABORTER ANTPRTM COND/COMP"	"HABITUAL ABORTER ANTEPARTUM COND/COMPLICATION"
"646.4"	"PERIPHERAL NEURITIS IN PREGNANCY"	"PERIPHERAL NEURITIS IN PREGNANCY"
"646.40"	"PERIPH NEURITIS PG UNS AS EPIS CARE"	"PERIPH NEURITIS PREGNANCY UNSPEC AS EPIS CARE"
"646.41"	"PERIPH NEURITIS PREGNANCY W/DELIV"	"PERIPHERAL NEURITIS IN PREGNANCY WITH DELIVERY"
"646.42"	"PERIPH NEURITIS PG DELIV W/CURR PPC"	"PERIPH NEURITIS PREGNANCY W/DELIV W/CURRENT PPC"
"646.43"	"PERIPHERAL NEURITIS ANTEPARTUM"	"PERIPHERAL NEURITIS ANTEPARTUM"
"646.44"	"PERIPH NEURITIS PREVIOUS PP COND"	"PERIPHERAL NEURITIS PREVIOUS POSTPARTUM COND"
"646.5"	"ASYMPTOMATIC BACTERIURIA PREGNANCY"	"ASYMPTOMATIC BACTERIURIA IN PREGNANCY"
"646.50"	"ASX BACTERIURIA PG UNS AS EPIS CARE"	"ASYMPTOMATIC BACTERIURIA PG UNSPEC AS EPIS CARE"
"646.51"	"ASYMPTOMATIC BACTERIURIA PG W/DELIV"	"ASYMPTOMATIC BACTERIURIA IN PREGNANCY W/DELIVERY"
"646.52"	"ASX BACTERIURIA PG DELIV W/CURR PPC"	"ASX BACTERIURIA PG W/DELIV W/CURRENT PPC"
"646.53"	"ASYMPTOMATIC BACTERIURIA ANTEPARTUM"	"ASYMPTOMATIC BACTERIURIA ANTEPARTUM"
"646.54"	"ASX BACTERIURIA PREVIOUS PP COND"	"ASYMPTOMATIC BACTERIURIA PREVIOUS PP COND"
"646.6"	"INFECTIONS GU TRACT PREGNANCY"	"INFECTIONS OF GENITOURINARY TRACT IN PREGNANCY"
"646.60"	"INFS GU TRACT PG UNS AS EPIS CARE"	"INFS GU TRACT PREGNANCY UNSPEC AS EPIS CARE"
"646.61"	"INFS GU TRACT PREGNANCY W/DELIV"	"INFECTIONS GENITOURINARY TRACT PREGNANCY W/DELIV"
"646.62"	"INFS GU TRACT PG DELIV W/CURRNT PPC"	"INFS GU TRACT PREGNANCY W/DELIV W/CURRENT PPC"
"646.63"	"INFECTIONS GU TRACT ANTPRTM"	"INFECTIONS OF GENITOURINARY TRACT ANTEPARTUM"
"646.64"	"INFS GU TRACT PREVIOUS PP COND"	"INFECTIONS GU TRACT PREVIOUS POSTPARTUM COND"
"646.7"	"LIVER DISORDERS IN PREGNANCY"	"LIVER DISORDERS IN PREGNANCY"
"646.70"	"LIVER D/O PG UNSPEC AS EPIS CARE M"	"LIVER D/O PREGNANCY UNSPEC AS EPISODE CARE M"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"646.71"	"LIVER DISORDERS PREGNANCY W/DELIV"	"LIVER DISORDERS IN PREGNANCY WITH DELIVERY"
"646.73"	"LIVER DISORDERS ANTEPARTUM"	"LIVER DISORDERS ANTEPARTUM"
"646.8"	"OTHER SPEC COMPLICATIONS PREGNANCY"	"OTHER SPECIFIED COMPLICATIONS OF PREGNANCY"
"646.80"	"OTH SPEC COMP PG UNS AS EPIS CARE"	"OTH SPEC COMP PREGNANCY UNSPEC AS EPISODE CARE"
"646.81"	"OTH SPEC COMP PREGNANCY W/DELIVERY"	"OTHER SPEC COMPLICATION PREGNANCY W/DELIVERY"
"646.82"	"OTH SPEC COMPS PG DELIV W/CURR PPC"	"OTH SPEC COMPS PREGNANCY W/DELIV W/CURRENT PPC"
"646.83"	"OTH SPECIFED COMPLICATION ANTPRTM"	"OTHER SPECIFED COMPLICATION ANTEPARTUM"
"646.84"	"OTH SPEC COMPS PREVIOUS PP COND"	"OTH SPEC COMPLICATIONS PREVIOUS POSTPARTUM COND"
"646.9"	"UNSPECIFIED COMPLICATION PREGNANCY"	"UNSPECIFIED COMPLICATION OF PREGNANCY"
"646.90"	"UNSPEC COMP PG UNSPEC AS EPIS CARE"	"UNSPEC COMP PREGNANCY UNSPEC AS EPISODE CARE"
"646.91"	"UNSPEC COMP PREGNANCY W/DELIVERY"	"UNSPECIFIED COMPLICATION OF PREGNANCY W/DELIVERY"
"646.93"	"UNSPEC COMP PREGNANCY ANTPRTM"	"UNSPECIFIED COMPLICATION OF PREGNANCY ANTEPARTUM"
"647"	"INFECTIVE DIS IN PREG"	"INFECT-PARASITIC MATERNAL CCE-COMPLICATING PC/P"
"647.0"	"SYPHILIS IN PREGNANCY"	"MTRN SYPHILIS COMP PG CHILDBIRTH/THE PUERPERIUM"
"647.00"	"SYPHILIS IN PREG-UNSPEC"	"MATERNAL SYPHILIS-COMPLICATING PC/P-UNS EOC"
"647.01"	"MTRN SYPHILIS COMP PG W/DELIV"	"MATERNAL SYPHILIS COMP PREGNANCY W/DELIVERY"
"647.02"	"MTRN SYPH COMP PG DELIV W/CURR PPC"	"MTRN SYPHILIS COMP PG W/DELIV W/CURRENT PPC"
"647.03"	"MATERNAL SYPHILIS	ANTEPARTUM"
"647.04"	"MTRN SYPHILIS PREVIOUS PP COND"	"MATERNAL SYPHILIS PREVIOUS POSTPARTUM CONDITION"
"647.1"	"GONORRHEA IN PREGNANCY"	"MTRN GONORRHEA COMP PG CHILDBIRTH/THE PUERPERIUM"
"647.10"	"GONORRHEA IN PREG-UNSPEC"	"MATERNAL GONORRHEA-COMPLICATING PC/P-UNS EOC"
"647.11"	"MATERNAL GONORRHEA WITH DELIVERY"	"MATERNAL GONORRHEA WITH DELIVERY"
"647.12"	"MTRN GONORRHEA DELIV W/CURRENT PPC"	"MATERNAL GONORRHEA W/DELIVERY W/CURRENT PPC"
"647.13"	"MATERNAL GONORRHEA	ANTEPARTUM"
"647.14"	"MTRN GONORRHEA PREVIOUS PP COND"	"MATERNAL GONORRHEA PREVIOUS POSTPARTUM CONDITION"
"647.2"	"OTHER VENEREAL DIS IN PREG"	"OTH MATERNAL VENEREAL DISEASES-COMPLICATING PC/P"
"647.20"	"OTHER VD IN PREG-UNSPEC"	"OTH MATERNAL VENEREAL DZ-COMPLICAT PC/P-UNS EOC"
"647.21"	"OTH MATERNAL VENEREAL DZ W/DELIV"	"OTHER MATERNAL VENEREAL DISEASES WITH DELIVERY"
"647.22"	"OTH MTRN VNEREL DZ DELIV W/CURR PPC"	"OTH MATERNAL VENEREAL DZ W/DELIV W/CURRENT PPC"
"647.23"	"OTHER VD-ANTEPARTUM"	"OTH ANTPRTM MTRN VNEREL DISEASE PREVIOUS PP COND"
"647.24"	"OTHER POSTPARTUM VENEREAL DISEASES"	"OTHER POSTPARTUM VENEREAL DISEASES"
"647.3"	"TUBERCULOSIS IN PREG"	"MTRN TB COMP PG CHILDBIRTH/THE PUERPERIUM"
"647.30"	"TB IN PREG-UNSPECIFIED"	"MTRN TB COMP PG CHLDBRTH/THE PUERPERIUM UNS EOC"
"647.31"	"MATERNAL TUBERCULOSIS WITH DELIVERY"	"MATERNAL TUBERCULOSIS WITH DELIVERY"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"647.32"	"MTRN TB W/DELIV W/CURRENT PPC"	"MATERNAL TUBERCULOSIS W/DELIVERY W/CURRENT PPC"
"647.33"	"MATERNAL TUBERCULOSIS	ANTEPARTUM"
"647.34"	"MTRN TUBERCULOSIS PREVIOUS PP COND"	"MATERNAL TUBERCULOSIS PREVIOUS POSTPARTUM COND"
"647.4"	"MALARIA IN PREGNANCY"	"MTRN MALARIA COMP PG CHILDBIRTH/THE PUERPERIUM"
"647.40"	"MALARIA IN PREG-UNSPEC"	"MATERNAL MALARIA-COMPLICATING PC/P-UNS EOC"
"647.41"	"MATERNAL MALARIA WITH DELIVERY"	"MATERNAL MALARIA WITH DELIVERY"
"647.42"	"MTRN MALARIA W/DELIV W/CURRENT PPC"	"MATERNAL MALARIA W/DELIVERY W/CURRENT PPC"
"647.43"	"MATERNAL MALARIA	ANTEPARTUM"
"647.44"	"MTRN MALARIA PREVIOUS PP COND"	"MATERNAL MALARIA PREVIOUS POSTPARTUM CONDITION"
"647.5"	"RUBELLA IN PREGNANCY"	"MTRN RUBELLA COMP PG CHILDBIRTH/THE PUERPERIUM"
"647.50"	"MAT RUBELLA COMP PG BRTH/PP UNS EOC"	"MAT RUBELLA COMPL PG BRTH/PP UNS EOC"
"647.51"	"MATERNAL RUBELLA WITH DELIVERY"	"MATERNAL RUBELLA WITH DELIVERY"
"647.52"	"MTRN RUBELLA W/DELIV W/CURRENT PPC"	"MATERNAL RUBELLA W/DELIVERY W/CURRENT PPC"
"647.53"	"MATERNAL RUBELLA	ANTEPARTUM"
"647.54"	"MTRN RUBELLA PREVIOUS PP COND"	"MATERNAL RUBELLA PREVIOUS POSTPARTUM CONDITION"
"647.6"	"OTHER VIRAL DIS IN PREG"	"OTH MTRN VIRL DZ COMP PG CHLDBRTH/THE PUERPERIUM"
"647.60"	"OTH MAT VD COMPL PG BRTH/PP UNS EOC"	"OTH MATERNAL VIRAL DZ-COMPLICATING PC/P-UNS EOC"
"647.61"	"OTH MATERNAL VIRAL DISEASE W/DELIV"	"OTHER MATERNAL VIRAL DISEASE WITH DELIVERY"
"647.62"	"OTH MTRN VIRL DZ DELIV W/CURRNT PPC"	"OTH MATERNAL VIRAL DISEASE W/DELIV W/CURRENT PPC"
"647.63"	"OTH MATERNAL VIRAL DISEASE ANTPRTM"	"OTHER MATERNAL VIRAL DISEASE ANTEPARTUM"
"647.64"	"OTH MTRN VIRAL DZ PREVIOUS PP COND"	"OTH MTRN VIRAL DISEASE PREVIOUS POSTPARTUM COND"
"647.8"	"OTH MAT INF&PARASIT DZ COMPL PG/PP"	"OTH MATERNAL INFECTIOUS-PARASITIC DZ-COMPLI PC/P"
"647.80"	"OTH MAT INF-COMPL PG CB/PP-UNS EOC"	"OTH MATERN INFECT-PARASIT DZ-COMPLI PC/P-UNS EOC"
"647.81"	"OTH MTRN INF&PARASITIC DZ DELIV"	"OTH SPEC MATERNAL INF&PARASITIC DISEASE W/DELIV"
"647.82"	"OTH MAT INF&PARASIT DZ-DEL-PP COMPL"	"OTH SPEC MTRN INF&PARASITIC DZ DELIV W/CURR PPC"
"647.83"	"OTH MTRN INF&PARASITIC DZ ANTPRTM"	"OTH SPEC MATERNAL INF&PARASITIC DISEASE ANTPRTM"
"647.84"	"OTH MAT INF&PARASIT DZ-PREV PP COND"	"OTH SPEC MTRN INF&PARASITIC DZ PREVIOUS PP COND"
"647.9"	"INFECTION IN PREG NOS"	"UNS MATERNAL INFECTION/INFESTATION-COMPLI PC/P"
"647.90"	"UNS MAT INF COMPL PG CB/PP UNS EOC"	"UNS MATERN INFECT/INFESTAT-COMPLI PC/P-UNS EOC"
"647.91"	"UNSPEC MATERNAL INF/INFEST W/DELIV"	"UNSPEC MATERNAL INFECTION/INFESTATION W/DELIVERY"
"647.92"	"UNS MTRN INF/INFEST DEL W/CURR PPC"	"UNSPEC MATERNAL INF/INFEST W/DELIV W/CURRENT PPC"
"647.93"	"UNSPEC MATERNAL INF/INFEST ANTPRTM"	"UNSPEC MATERNAL INFECTION/INFESTATION ANTEPARTUM"
"647.94"	"UNSPEC MTRN INF/INFEST PREV PP COND"	"UNSPEC MTRN INF/INFEST PREVIOUS POSTPARTUM COND"
"648"	"OTH CURRENT MATERNL CCE-COMPL P C/P"	"OTH CURRENT MATERNAL CCE-COMPLICATING PC/P"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"648.0"	"DIABETES MELLIT IN PREG"	"MTRN DM COMP PREGNANCY CHILDBIRTH/THE PUERPERIUM"
"648.00"	"MAT DM COMPL PG BRTH/PP UNS EOC"	"MTRN DM COMP PG CHLDBRTH/THE PUERPERIUM UNS EOC"
"648.01"	"MATERNAL DM WITH DELIVERY"	"MATERNAL DIABETES MELLITUS WITH DELIVERY"
"648.02"	"MATERNAL DM W/DELIV W/CURRENT PPC"	"MATERNAL DM W/DELIVERY W/CURRENT PPC"
"648.03"	"MATERNAL DM ANTEPARTUM"	"MATERNAL DIABETES MELLITUS ANTEPARTUM"
"648.04"	"MTRN DM PREVIOUS POSTPARTUM COND"	"MATERNAL DM PREVIOUS POSTPARTUM CONDITION"
"648.1"	"THYROID DYSFUNC IN PREG"	"THYROID DYSF COMP PG CHILDBIRTH/THE PUERPERIUM"
"648.10"	"MAT THYROID DYSF-COMP PG/PP-UNS EOC"	"MATERNAL THYROID DYSFUNCTION-COMPLI PC/P-UNS EOC"
"648.11"	"MATERNAL THYROID DYSFUNCTION DEL"	"MTRN THYROID DYSF DELIV W/WO ANTPRTM COND"
"648.12"	"MTRN THYROID DYSF DELIV W/CURR PPC"	"MATERNAL THYROID DYSF W/DELIV W/CURRENT PPC"
"648.13"	"MTRN THYROID DYSF ANTPRTM COND/COMP"	"MATERNAL THYROID DYSFUNCTION ANTPRTM COND/COMP"
"648.14"	"MTRN THYROID DYSF PREV PP COND/COMP"	"MTRN THYROID DYSF PREVIOUS POSTPARTUM COND/COMP"
"648.2"	"ANEMIA IN PREGNANCY"	"MTRN ANEMIA COMP PG CHILDBIRTH/THE PUERPERIUM"
"648.20"	"MAT ANEM-MOM COMPL PG CB/PP UNS EOC"	"MATERNAL ANEMIA MOM COMPL PG CB/PP UNS EOC"
"648.21"	"MATERNAL ANEMIA	WITH DELIVERY"
"648.22"	"MTRN ANEMIA W/DELIV W/CURRENT PPC"	"MATERNAL ANEMIA W/DELIVERY W/CURRENT PPC"
"648.23"	"MATERNAL ANEMIA	ANTEPARTUM"
"648.24"	"MTRN ANEMIA PREVIOUS PP COND"	"MATERNAL ANEMIA PREVIOUS POSTPARTUM CONDITION"
"648.3"	"DRUG DEPENDENCE IN PREG"	"MTRN DRUG DEPEND COMP PG CHLDBRTH/THE PUERPERIUM"
"648.30"	"MAT RX DEPND COMPL PG CB/PP UNS EOC"	"MATERNAL RX DEPEND COMPL PG CB/PP UNS EOC"
"648.31"	"MATERNAL DRUG DEPENDENCE W/DELIVERY"	"MATERNAL DRUG DEPENDENCE WITH DELIVERY"
"648.32"	"MTRN DRUG DEPEND DELIV W/CURRNT PPC"	"MATERNAL DRUG DEPENDENCE W/DELIV W/CURRENT PPC"
"648.33"	"MATERNAL DRUG DEPENDENCE ANTEPARTUM"	"MATERNAL DRUG DEPENDENCE ANTEPARTUM"
"648.34"	"MTRN DRUG DEPEND PREVIOUS PP COND"	"MATERNAL DRUG DEPEND PREVIOUS POSTPARTUM COND"
"648.4"	"MENTAL DISORDERS IN PREG"	"MTRN MENTL D/O COMP PG CHILDBIRTH/THE PUERPERIUM"
"648.40"	"MAT MNTL D/O COMPL PG CB/PP UNS EOC"	"MATERNAL MENTAL D/O COMPL PG CB/PP UNS EOC"
"648.41"	"MATERNAL MENTAL DISORDERS W/DELIV"	"MATERNAL MENTAL DISORDERS WITH DELIVERY"
"648.42"	"MTRN MENTAL D/O DELIV W/CURRENT PPC"	"MATERNAL MENTAL DISORDERS W/DELIV W/CURRENT PPC"
"648.43"	"MATERNAL MENTAL DISORDERS ANTPRTM"	"MATERNAL MENTAL DISORDERS ANTEPARTUM"
"648.44"	"MTRN MENTAL D/O PREVIOUS PP COND"	"MATERNAL MENTAL D/O PREVIOUS POSTPARTUM COND"
"648.5"	"MAT CONGEN CV D/O COMPL PG CB/PP"	"MATERNAL CONGEN CVULAR D/O COMPL PG CB/PP"
"648.50"	"MAT CONGN CV D/O COMP PG/PP UNS EOC"	"MATERNAL CONGENITAL CV DIS-COMPLI PC/P-UNS EOC"
"648.51"	"MATERNAL CONGEN CV D/O W/DELIV"	"MATERNAL CONGENITAL CV DISORDERS W/DELIVERY"
"648.52"	"MTRN CONGN CV D/O DELIV W/CURR PPC"	"MATERNAL CONGEN CV D/O W/DELIV W/CURRENT PPC"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"648.53"	"MATERNAL CONGEN CV D/O ANTPRTM"	"MATERNAL CONGENITAL CV DISORDERS ANTPRTM"
"648.54"	"MTRN CONGEN CV D/O PREVIOUS PP COND"	"MATERNAL CONGEN CV D/O PREVIOUS POSTPARTUM COND"
"648.6"	"CARDIOVAS DIS NEC IN PG"	"OTH MTRN CV DZ COMP PG CHILDBIRTH/THE PUERPERIUM"
"648.60"	"OTH MAT CV DZ COMP PG CB/PP UNS EOC"	"OTH MATERNAL CV DZ-COMPLICATING PC/P-UNS EOC"
"648.61"	"OTH MATERNAL CV DISEASES W/DELIVERY"	"OTH MATERNAL CARDIOVASCULAR DISEASES W/DELIVERY"
"648.62"	"OTH MTRN CV DZ DELIV W/CURRENT PPC"	"OTH MATERNAL CV DISEASES W/DELIV W/CURRENT PPC"
"648.63"	"OTH MATERNAL CV DISEASES ANTPRTM"	"OTH MATERNAL CARDIOVASCULAR DISEASES ANTEPARTUM"
"648.64"	"OTH MTRN CV DZ PREVIOUS PP COND"	"OTH MATERNAL CV DZ PREVIOUS POSTPARTUM COND"
"648.7"	"BONE&JNT D/O MAT-COMPL PG CB/PP"	"BN&JNT D/O MAT BACK PELV& LW LIMB-COMPL PG CB/PP"
"648.70"	"BONE&JNT D/O MAT-COMPL PG CB/PP UNS"	"BN&JNT D/O MAT BACK & LW LMB-COMPL PG CB/PP UNS"
"648.71"	"BN&JNT D/O MAT BACK PELV&LW LMB DEL"	"BN&JNT D/O MAT BACK PELVIS&LW LMB W/DEL"
"648.72"	"BN&JNT D/O MAT W/DEL W/PP COMPL"	"BN&JNT D/O MAT BACK PELV&LW LMB W/DEL W/PP COMPL"
"648.73"	"BN&JNT D/O MAT BACK&LW LMB ANTPRTM"	"BN&JNT D/O MAT BACK PELVIS&LW LIMBS ANTEPARTUM"
"648.74"	"BN&JNT D/O MAT BACK PREV PP COND"	"BN&JNT D/O MAT BACK PELVIS&LW LIMBS PREV PP COND"
"648.8"	"ABN MAT GLU TOLRNC COMPL PG BRTH/PP"	"ABN MAT GLU TOLRNC COMPL PG BRTH/PP"
"648.80"	"ABN MAT GLU TOLR COMP PG/PP UNS EOC"	"ABN MAT GLUCOSE TOLERANCE COMPL PG CB/PP UNS EOC"
"648.81"	"ABNORMAL MTRN GLU TOLERANCE W/DELIV"	"ABNORMAL MATERNAL GLUCOSE TOLERANCE W/DELIVERY"
"648.82"	"ABN MTRN GLU TOLERNC DEL W/CURR PPC"	"ABNORMAL MTRN GLU TOLERNC W/DELIV W/CURRENT PPC"
"648.83"	"ABNORMAL MTRN GLU TOLERANCE ANTPRTM"	"ABNORMAL MATERNAL GLUCOSE TOLERANCE ANTEPARTUM"
"648.84"	"ABN MTRN GLU TOLERNC PREV PP COND"	"ABNORMAL MTRN GLU TOLERANCE PREVIOUS PP COND"
"648.9"	"OTH CURRNT MAT COND COMPL PG CB/PP"	"OTH CURRENT MATERNAL COND COMPL PG CHILDBIRTH/PP"
"648.90"	"OTH CUR MAT CCE-COMPL PG/PP-UNS EOC"	"OTH CURRENT MATERNAL CCE-COMPL PG CB/PP-UNS EOC"
"648.91"	"OTH CURRENT MATERNAL CCE W/DELIVERY"	"OTH CURRENT MATERNAL CCE W/DELIVERY"
"648.92"	"OTH CURRNT MAT CCE-W/DEL W/PP COMPL"	"OTH CURRENT MATERNAL CCE W/DEL W/CURRNT PP COMPL"
"648.93"	"OTH CURRENT MATERNAL CCE ANTEPARTUM"	"OTH CURRENT MAT CONDS CLASSIFIABLE ELSW ANTPRTM"
"648.94"	"OTH CURRNT MATERNL CCE-PREV PP COND"	"OTH CURRENT MATERNAL CCE-PREVIOUS PP CONDITION"
"65"	"OPERATIONS ON OVARY"	"OPERATIONS ON OVARY"
"65.0"	"OOPHOROTOMY"	"OOPHOROTOMY"
"65.01"	"LAPAROSCOPIC OOPHOROTOMY"	"LAPAROSCOPIC OOPHOROTOMY"
"65.09"	"OTHER OOPHORECTOMY"	"OTHER OOPHORECTOMY"
"65.1"	"DIAGNOSTIC PROCEDURES ON OVARIES"	"DIAGNOSTIC PROCEDURES ON OVARIES"
"65.11"	"ASPIRATION BIOPSY OF OVARY"	"ASPIRATION BIOPSY OF OVARY"
"65.12"	"OTHER BIOPSY OF OVARY"	"OTHER BIOPSY OF OVARY"
"65.13"	"LAPAROSCOPIC BIOPSY OF OVARY"	"LAPAROSCOPIC BIOPSY OF OVARY"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"65.14"	"OTH LAPAROSCOPIC DX PROC OVARIES"	"OTHER LAPAROSCOPIC DIAGNOSTIC PROCEDURES OVARIES"
"65.19"	"OTHER DIAGNOSTIC PROCEDURES OVARIES"	"OTHER DIAGNOSTIC PROCEDURES ON OVARIES"
"65.2"	"LOC EXC/DESTRUC OVARIAN LES/TISSUE"	"LOCAL EXCISION/DESTRUCTION OVARIAN LESION/TISSUE"
"65.21"	"MARSUPIALIZATION OF OVARIAN CYST"	"MARSUPIALIZATION OF OVARIAN CYST"
"65.22"	"WEDGE RESECTION OF OVARY"	"WEDGE RESECTION OF OVARY"
"65.23"	"LAP MARSUPIALIZATION OVARIAN CYST"	"LAPAROSCOPIC MARSUPIALIZATION OF OVARIAN CYST"
"65.24"	"LAPAROSCOPIC WEDGE RESECTION OVARY"	"LAPAROSCOPIC WEDGE RESECTION OF OVARY"
"65.25"	"OTH LAP LOCAL EXCISION/DESTRUC OVRY"	"OTH LAPAROSCOPIC LOCAL EXCISION/DESTRUC OVARY"
"65.29"	"OTH LOCAL EXCISION/DESTRUC OVARY"	"OTHER LOCAL EXCISION OR DESTRUCTION OF OVARY"
"65.3"	"UNILATERAL OOPHORECTOMY"	"UNILATERAL OOPHORECTOMY"
"65.31"	"LAP UNILATERAL OOPHORECTOMY"	"LAPAROSCOPIC UNILATERAL OOPHORECTOMY"
"65.39"	"OTHER UNILATERAL OOPHORECTOMY"	"OTHER UNILATERAL OOPHORECTOMY"
"65.4"	"UNILATERAL SALPINGO-OOPHORECTOMY"	"UNILATERAL SALPINGO-OOPHORECTOMY"
"65.41"	"LAPAROSCOPIC UNILATERAL S-O"	"LAPAROSCOPIC UNILATERAL SALPINGO-OOPHORECTOMY"
"65.49"	"OTHER UNILATERAL S-O"	"OTHER UNILATERAL SALPINGO-OOPHORECTOMY"
"65.5"	"BILATERAL OOPHORECTOMY"	"BILATERAL OOPHORECTOMY"
"65.51"	"OTH REMOV 2 OVARIES @ SAME SURG"	"OTH REMOVAL BOTH OVARIES@SAME OPERATIVE EPISODE"
"65.52"	"OTHER REMOVAL OF REMAINING OVARY"	"OTHER REMOVAL OF REMAINING OVARY"
"65.53"	"LAP REMOV 2 OVARIES @ SAME SURG"	"LAP REMOVAL BOTH OVARIES@SAME OPERATIVE EPIS"
"65.54"	"LAP REMOVAL REMAINING OVARY"	"LAPAROSCOPIC REMOVAL OF REMAINING OVARY"
"65.6"	"BILATERAL SALPINGO-OOPHORECTOMY"	"BILATERAL SALPINGO-OOPHORECTOMY"
"65.61"	"OTH REMOV BIL OVARY-TUBE-SAME SURG"	"OTH REMOVAL BOTH OVARIES&TUBES@SAME OP EPIS"
"65.62"	"OTHER REMOVAL REMAINING OVARY&TUBE"	"OTHER REMOVAL OF REMAINING OVARY AND TUBE"
"65.63"	"LAP REMOV BIL OVARY-TUBE-SAME SURG"	"LAP REMOVAL BOTH OVARIES&TUBES@SAME OP EPIS"
"65.64"	"LAP REMOVAL REMAINING OVARY&TUBE"	"LAPAROSCOPIC REMOVAL OF REMAINING OVARY AND TUBE"
"65.7"	"REPAIR OF OVARY"	"REPAIR OF OVARY"
"65.71"	"OTHER SIMPLE SUTURE OF OVARY"	"OTHER SIMPLE SUTURE OF OVARY"
"65.72"	"OTHER REIMPLANTATION OF OVARY"	"OTHER REIMPLANTATION OF OVARY"
"65.73"	"OTHER SALPINGO-OOPHOROPLASTY"	"OTHER SALPINGO-OOPHOROPLASTY"
"65.74"	"LAPAROSCOPIC SIMPLE SUTURE OF OVARY"	"LAPAROSCOPIC SIMPLE SUTURE OF OVARY"
"65.75"	"LAPAROSCOPIC REIMPLANTATION OVARY"	"LAPAROSCOPIC REIMPLANTATION OF OVARY"
"65.76"	"LAPAROSCOPIC SALPINGO-OOPHOROPLASTY"	"LAPAROSCOPIC SALPINGO-OOPHOROPLASTY"
"65.79"	"OTHER REPAIR OF OVARY"	"OTHER REPAIR OF OVARY"
"65.8"	"LYSIS ADHES OVARY&FALLOPIAN TUBE"	"LYSIS OF ADHESIONS OF OVARY AND FALLOPIAN TUBE"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"65.81"	"LAP LYSIS OVARY-FALLOP TUBE ADHES"	"LAPAROSCOPIC LYSIS ADHESIONS OVARY&FALLOPIAN TUBE"
"65.89"	"OTH LYSIS ADHES OVARY&FALLOP TUBE"	"OTHER LYSIS OF ADHESIONS OF OVARY&FALLOPIAN TUBE"
"65.9"	"OTHER OPERATIONS ON OVARY"	"OTHER OPERATIONS ON OVARY"
"65.91"	"ASPIRATION OF OVARY"	"ASPIRATION OF OVARY"
"65.92"	"TRANSPLANTATION OF OVARY"	"TRANSPLANTATION OF OVARY"
"65.93"	"MANUAL RUPTURE OF OVARIAN CYST"	"MANUAL RUPTURE OF OVARIAN CYST"
"65.94"	"OVARIAN DENERVATION"	"OVARIAN DENERVATION"
"65.95"	"RELEASE OF TORSION OF OVARY"	"RELEASE OF TORSION OF OVARY"
"65.99"	"OTHER OPERATIONS ON OVARY"	"OTHER OPERATIONS ON OVARY"
"650"	"NORMAL DELIVERY"	"NORMAL DELIVERY"
"651"	"MULTIPLE GESTATION"	"MULTIPLE GESTATION"
"651.0"	"TWIN PREGNANCY"	"TWIN PREGNANCY"
"651.00"	"TWIN PREGNANCY UNSPEC AS EPIS CARE"	"TWIN PREGNANCY UNSPECIFIED AS TO EPISODE OF CARE"
"651.01"	"TWIN PREGNANCY"	DELIVERED"
"651.03"	"TWIN PREGNANCY"	ANTEPARTUM"
"651.1"	"TRIPLT PREGNANCY"	"TRIPLT PREGNANCY"
"651.10"	"TRIPLT PG UNSPEC AS EPIS CARE"	"TRIPLT PREGNANCY UNSPECIFIED AS TO EPISODE CARE"
"651.11"	"TRIPLT PREGNANCY"	DELIVERED"
"651.13"	"TRIPLT PREGNANCY"	ANTEPARTUM"
"651.2"	"QUADRUPLET PREGNANCY"	"QUADRUPLET PREGNANCY"
"651.20"	"QUADRUPLET PG UNSPEC AS EPIS CARE"	"QUADRUPLET PREGNANCY UNSPECIFIED AS EPISODE CARE"
"651.21"	"QUADRUPLET PREGNANCY"	DELIVERED"
"651.23"	"QUADRUPLET PREGNANCY"	ANTEPARTUM"
"651.3"	"TWIN PG W/FETAL LOSS&RETN 1 FETUS"	"TWIN PREGNANCY W/FETAL LOSS&RETENTION ONE FETUS"
"651.30"	"TWIN PG-FETAL LOSS&RETAIN 1-UNS EOC"	"TWIN PREG W/FETL LOSS&RETAIN 1 FETUS-UNS EOC"
"651.31"	"TWIN PG-FETAL LOSS&RETN 1 FETUS DEL"	"TWIN PG W/FETAL LOSS&RETENTION 1 FETUS DELIV"
"651.33"	"TWIN PG-FETAL LOSS&RETAIN 1 ANTPRTM"	"TWIN PG W/FETAL LOSS&RETENTION 1 FETUS ANTPRTM"
"651.4"	"TRIPLT PG W/FETAL LOSS&RETN 1/MORE"	"TRIPLT PREGNANCY W/FETAL LOSS&RETENTION 1/MORE"
"651.40"	"TRIPLT PG-FETL LOSS&RETN 1/>UNS EOC"	"TRIPLT PREG W/FETAL LOSS&RETN 1/> FETUS-UNS EOC"
"651.41"	"TRIPLT PG W/FETL LOSS&RETN 1/> DEL"	"TRIPLT PG W/FETAL LOSS&RETENTION 1/MORE DELIV"
"651.43"	"TRIPLT PG-FETL LOSS&RETN 1/>ANTPRTM"	"TRIPLT PG W/FETAL LOSS&RETENTION 1/MORE ANTPRTM"
"651.5"	"QUAD PG W/FETL LOSS&RETAIN 1/MOR"	"QUADRUPLET PG W/FETAL LOSS&RETENTION 1/MORE"
"651.50"	"QUAD PG-FETL LOSS&RETN 1/>UNS EOC"	"QUAD PREG W/FETAL LOSS&RETN 1/> FETUS-UNS EOC"
"651.51"	"QUAD PG W/FETAL LOSS&RETN 1/> DEL"	"QUADRUPLET PG W/FETAL LOSS&RETN 1/MORE DELIV"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"651.53"	"QUAD PG-FETL LOSS&RETN 1/> ANTPRTM"	"QUADRUPLET PG W/FETAL LOSS&RETN 1/MORE ANTPRTM"
"651.6"	"OTH MX PG W/FETAL LOSS&RETN 1/MORE"	"OTH MX PG W/FETAL LOSS&RETENTION 1/MORE FETUS"
"651.60"	"OTH MX PG-FETL LOSS&RETN 1/>UNS EOC"	"OTH MULT PREG W/FETAL-RETAIN >= 1 FETUS-UNS EOC"
"651.61"	"OTH MX PG-FETAL LOSS&RETAIN 1/>DEL"	"OTH MX PG W/FETAL LOSS&RETN 1/MORE FETUS DELIV"
"651.63"	"OTH MX PG-FETL LOSS&RETN 1/>ANTPRTM"	"OTH MX PG W/FETAL LOSS&RETN 1/MORE FETUS ANTPRTM"
"651.8"	"OTHER SPECIFIED MULTIPLE GESTATION"	"OTHER SPECIFIED MULTIPLE GESTATION"
"651.80"	"OTH SPEC MX GEST UNS AS EPIS CARE"	"OTH SPEC MULTIPLE GESTATION UNSPEC AS EPIS CARE"
"651.81"	"OTH SPEC MULTIPLE GESTATION DELIV"	"OTHER SPECIFIED MULTIPLE GESTATION DELIVERED"
"651.83"	"OTH SPEC MULTIPLE GESTATION ANTPRTM"	"OTHER SPECIFIED MULTIPLE GESTATION ANTEPARTUM"
"651.9"	"UNSPECIFIED MULTIPLE GESTATION"	"UNSPECIFIED MULTIPLE GESTATION"
"651.90"	"UNSPEC MX GEST UNSPEC AS EPIS CARE"	"UNSPEC MULTIPLE GESTATION UNSPEC AS EPISODE CARE"
"651.91"	"UNSPEC MULTIPLE GESTATION DELIVERED"	"UNSPECIFIED MULTIPLE GESTATION DELIVERED"
"651.93"	"UNSPEC MULTIPLE GESTATION ANTPRTM"	"UNSPECIFIED MULTIPLE GESTATION ANTEPARTUM"
"652"	"MALPOSITION&MALPRESENTATION FETUS"	"MALPOSITION AND MALPRESENTATION OF FETUS"
"652.0"	"UNSTABLE LIE OF FETUS"	"UNSTABLE LIE OF FETUS"
"652.00"	"UNSTABLE LIE FETUS UNS AS EPIS CARE"	"UNSTABLE LIE FETUS UNSPECIFIED AS EPISODE CARE"
"652.01"	"UNSTABLE LIE OF FETUS"	"DELIVERED"
"652.03"	"UNSTABLE LIE OF FETUS"	"ANTEPARTUM"
"652.1"	"BREECH/OTH MALPRESNT CONVRT CEPHALC"	"BREECH/OTH MALPRSATION CONVRT CEPHALIC PRSATION"
"652.10"	"BREECH/OTH CONVERT-CEPHAL-UNS EOC"	"BREECH/MALPRESENT CONVERTED TO CEPHALIC-UNS EOC"
"652.11"	"BREECH/OTH CONVERT CEPHAL DEL"	"BREECH/ MALPRSATION CONVRT CEPHALIC PRSATION DEL"
"652.13"	"BREECH/OTH CONVERT-CEPHAL-ANTPRTM"	"BREECH/MALPRESENT CONVERTED TO CEPHALIC-APC/C"
"652.2"	"BREECH PRESENTATION W/O VERSION"	"BREECH PRESENTATION WITHOUT MENTION OF VERSION"
"652.20"	"BREECH PRSATION W/O VERSION UNS EOC"	"BREECH PRESENTATION W/O VERSION UNS EPIS CARE"
"652.21"	"BREECH PRSATION W/O VERSION DELIV"	"BREECH PRESENTATION W/O MENTION VERSION DELIV"
"652.23"	"BREECH PRSATION W/O VERSION ANTPRTM"	"BREECH PRESENTATION W/O MENTION VERSION ANTPRTM"
"652.3"	"TRNS/OBLIQUE PRESENTATION FETUS"	"TRANSVERSE OR OBLIQUE PRESENTATION OF FETUS"
"652.30"	"TRNS/OBL FETL PRSATION UNS EOC"	"TRNS/OBL FETAL PRESENTATION UNSPEC AS EPIS CARE"
"652.31"	"TRNS/OBL FETAL PRESENTATION DELIV"	"TRANSVERSE/OBLIQUE FETAL PRESENTATION DELIVERED"
"652.33"	"TRNS/OBL FETAL PRESENTATION ANTPRTM"	"TRANSVERSE/OBLIQUE FETAL PRESENTATION ANTEPARTUM"
"652.4"	"FETAL FACE/BROW PRESENTATION FETUS"	"FETAL FACE OR BROW PRESENTATION OF FETUS"
"652.40"	"FETL FCE/BROW PRSATION UNS EOC"	"FETAL FACE/BROW PRESENTATION UNSPEC AS EPIS CARE"
"652.41"	"FETAL FACE/BROW PRESENTATION DELIV"	"FETAL FACE OR BROW PRESENTATION DELIVERED"
"652.43"	"FETAL FCE/BROW PRESENTATION ANTPRTM"	"FETAL FACE OR BROW PRESENTATION ANTEPARTUM"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"652.5"	"HIGH FETAL HEAD AT TERM"	"HIGH FETAL HEAD AT TERM"
"652.50"	"HI FETAL HEAD@TERM UNS AS EPIS CARE"	"HIGH FETAL HEAD@TERM UNSPECIFIED AS EPISODE CARE"
"652.51"	"HIGH FETAL HEAD AT TERM"	"DELIVERED"
"652.53"	"HIGH FETAL HEAD AT TERM"	"ANTEPARTUM"
"652.6"	"MX GEST W/MALPRSATION 1 FETUS/MORE"	"MULTIPLE GEST W/MALPRESENTATION 1 FETUS/MORE"
"652.60"	"MX GEST W/MALPRSNT 1 FETUS/>UNS EOC"	"MX GEST W/MALPRSATION 1 FETUS/MORE UNS EPIS CARE"
"652.61"	"MX GEST W/MALPRESNT 1 FETUS/MOR DEL"	"MX GEST W/MALPRESENTATION 1 FETUS/MORE DELIV"
"652.63"	"MX GEST W/MALPRSNT 1 FETUS/>ANTPRTM"	"MX GEST W/MALPRESENTATION 1 FETUS/MORE ANTPRTM"
"652.7"	"PROLAPSED ARM OF FETUS"	"PROLAPSED ARM OF FETUS"
"652.70"	"PROLAPSD ARM FETUS UNS AS EPIS CARE"	"PROLAPSED ARM FETUS UNSPECIFIED AS EPISODE CARE"
"652.71"	"PROLAPSED ARM OF FETUS"	"DELIVERED"
"652.73"	"PROLAPSD ARM FETUS ANTPRTM COMP"	"PROLAPSED ARM FETUS ANTEPARTUM COND/COMPLICATION"
"652.8"	"OTH SPEC MALPSTN/MALPRSATION FETUS"	"OTHER SPEC MALPOSITION/MALPRESENTATION FETUS"
"652.80"	"OTH MALPOS/MALPRESENT FETUS UNS EOC"	"OTH SPEC MALPSTN/MALPRSATION FETUS UNS EPIS CARE"
"652.81"	"OTH MALPSTN/MALPRSATION FETUS DELIV"	"OTH SPEC MALPOSITION/MALPRESENTATION FETUS DELIV"
"652.83"	"OTH MALPOS/MALPRESENT FETUS ANTPRTM"	"OTH SPEC MALPSTN/MALPRESENTATION FETUS ANTPRTM"
"652.9"	"UNS MALPSTN/MALPRESENTATION FETUS"	"UNSPECIFIED MALPOSITION OR MALPRESENTATION FETUS"
"652.90"	"UNS MALPOS/MALPRESENT FETUS UNS EOC"	"UNS MALPSTN/MALPRESENTATION FETUS UNS EPIS CARE"
"652.91"	"UNS MALPSTN/MALPRSATION FETUS DELIV"	"UNSPEC MALPOSITION/MALPRESENTATION FETUS DELIV"
"652.93"	"UNS MALPOS/MALPRESENT FETUS ANTPRTM"	"UNSPEC MALPOSITION/MALPRESENTATION FETUS ANTPRTM"
"653"	"DISPROPORTION IN PREGNANCY L&D"	"DISPROPORTION IN PREGNANCY LABOR AND DELIVERY"
"653.0"	"MAJ ABN BONY PELV NOT FURTHER PG"	"MAJOR ABNORM BONY PELV NOT FURTHER SPEC PG"
"653.00"	"MAJ ABN BONY PELVIS NFS PG UNS EOC"	"MAJ ABN BONY PELV NOT FURTHER SPEC PG UNS EOC"
"653.01"	"MAJ ABN BONY PELV NOT FURTHER DELIV"	"MAJOR ABNORM BONY PELVIS NOT FURTHER SPEC DELIV"
"653.03"	"MAJ ABN BONY PELVIS NFS ANTPRTM"	"MAJOR ABNORM BONY PELV NOT FURTHER SPEC ANTPRTM"
"653.1"	"GENERALLY CONTRACTED PELV PREGNANCY"	"GENERALLY CONTRACTED PELVIS IN PREGNANCY"
"653.10"	"GENLY CONTRACTED PELV PG UNS EOC PG"	"GENLY CONTRACTED PELV PG UNSPEC AS EPIS CARE PG"
"653.11"	"GENERALLY CONTRACTED PELV PG DELIV"	"GENERALLY CONTRACTED PELVIS PREGNANCY DELIVERED"
"653.13"	"GENLY CONTRACTED PELV PG ANTPRTM"	"GENERALLY CONTRACTED PELVIS PREGNANCY ANTEPARTUM"
"653.2"	"INLET CONTRACTION PELVIS PREGNANCY"	"INLET CONTRACTION OF PELVIS IN PREGNANCY"
"653.20"	"INLET CONTRAC PELV PG UNS EOC PG"	"INLET CONTRACTION PELV PG UNSPEC AS EPIS CARE PG"
"653.21"	"INLET CONTRACTION PELV PG DELIV"	"INLET CONTRACTION OF PELVIS PREGNANCY DELIVERED"
"653.23"	"INLET CONTRACTION PELV PG ANTPRTM"	"INLET CONTRACTION OF PELVIS PREGNANCY ANTEPARTUM"
"653.3"	"OUTLET CONTRACTION PELVIS PREGNANCY"	"OUTLET CONTRACTION OF PELVIS IN PREGNANCY"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"653.30"	"OUTLET CONTRAC PELV PG UNS EOC PG"	"OUTLET CONTRAC PELV PG UNSPEC AS EPIS CARE PG"
"653.31"	"OUTLET CONTRACTION PELV PG DELIV"	"OUTLET CONTRACTION OF PELVIS PREGNANCY DELIVERED"
"653.33"	"OUTLET CONTRACTION PELV PG ANTPRTM"	"OUTLET CONTRACTION PELVIS PREGNANCY ANTEPARTUM"
"653.4"	"FETOPELVIC DISPROPORTION"	"FETOPELVIC DISPROPORTION"
"653.40"	"FETOPELV DISPROPRTN UNS EPIS CARE"	"FETOPELVIC DISPROPORTION UNSPEC AS EPISODE CARE"
"653.41"	"FETOPELVIC DISPROPORTION"	DELIVERED"
"653.43"	"FETOPELVIC DISPROPORTION ANTEPARTUM"	"FETOPELVIC DISPROPORTION ANTEPARTUM"
"653.5"	"UNUSUALLY LG FETUS CAUS DISPROPRTN"	"UNUSUALLY LARGE FETUS CAUSING DISPROPORTION"
"653.50"	"UNUSUAL LG FETUS DISPROPRTN UNS EOC"	"UNUSULLY LG FETUS CAUS DISPROPRTN UNS EPIS CARE"
"653.51"	"UNUSUAL LG FETUS DISPROPRTION-DEL"	"UNUSUALLY LARGE FETUS CAUS DISPROPRTN DELIVERED"
"653.53"	"UNUSUAL LG FETUS DISPROPRTN ANTPRTM"	"UNUSUALLY LARGE FETUS CAUSING DISPROPRTN ANTPRTM"
"653.6"	"HYDROCEPHALIC FETUS CAUS DISPROPRTN"	"HYDROCEPHALIC FETUS CAUSING DISPROPORTION"
"653.60"	"HYDROCEPHL FETUS DISPROPRTN UNS EOC"	"HYDROCEPHALIC FETUS CAUS DISPROPRTN UNS EOC"
"653.61"	"HYDROCEPHAL FETUS DISPROPRTN DEL"	"HYDROCEPHALIC FETUS CAUSING DISPROPRTN DELIVERED"
"653.63"	"HYDROCEPHL FETUS DISPROPRTN ANTPRTM"	"HYDROCEPHALIC FETUS CAUSING DISPROPRTN ANTPRTM"
"653.7"	"OTH FETAL ABNORM CAUSING DISPROPRTN"	"OTHER FETAL ABNORMALITY CAUSING DISPROPORTION"
"653.70"	"OTH FETAL ABN DISPROPRTN UNS EOC"	"OTH FETAL ABNORM CAUS DISPROPRTN UNS EPIS CARE"
"653.71"	"OTH FETAL ABN CAUS DISPROPRTN DELIV"	"OTH FETAL ABNORM CAUSING DISPROPRTN DELIVERED"
"653.73"	"OTH FETAL ABN DISPROPRTN ANTPRTM"	"OTH FETAL ABNORM CAUSING DISPROPRTN ANTEPARTUM"
"653.8"	"FETAL DISPROPORTION OF OTHER ORIGIN"	"FETAL DISPROPORTION OF OTHER ORIGIN"
"653.80"	"FETL DISPROPRTN OTH ORIGIN UNS EOC"	"FETAL DISPROPRTN OTH ORIGIN UNSPEC AS EPIS CARE"
"653.81"	"FETAL DISPROPRTN OTH ORIGIN DELIV"	"FETAL DISPROPORTION OF OTHER ORIGIN DELIVERED"
"653.83"	"FETAL DISPROPRTN OTH ORIGIN ANTPRTM"	"FETAL DISPROPORTION OF OTHER ORIGIN ANTEPARTUM"
"653.9"	"UNSPECIFIED FETAL DISPROPORTION"	"UNSPECIFIED FETAL DISPROPORTION"
"653.90"	"UNS FETAL DISPROPRTN UNS EPIS CARE"	"UNSPEC FETAL DISPROPRTN UNSPEC AS EPISODE CARE"
"653.91"	"UNSPEC FETAL DISPROPRTN DELIVERED"	"UNSPECIFIED FETAL DISPROPORTION DELIVERED"
"653.93"	"UNSPEC FETAL DISPROPRTN ANTEPARTUM"	"UNSPECIFIED FETAL DISPROPORTION ANTEPARTUM"
"654"	"ABN ORGN&TISS PELV COMPL PG CB/PP"	"ABNORMALITY OF ORGANS & SOFT TISSUES OF PELVIS"
"654.0"	"CONGEN ABN PG UTERS COMPL PG CB/PP"	"CONGENITAL ABNORMALITIES OF UTERUS"
"654.00"	"CONGN ABNORM PG UTRUS UNS EPIS CARE"	"CONGEN ABNORM PG UTERUS UNSPEC AS EPIS CARE"
"654.01"	"CONGEN ABNORM PREGNANT UTERUS DELIV"	"CONGENITAL ABNORM PREGNANT UTERUS DELIVERED"
"654.02"	"CONGN ABN PG UTRUS DELIV W/ PPC"	"CONGEN ABNORM PG UTERUS DELIV W/MENTION PPC"
"654.03"	"CONGEN ABNORM PG UTERUS ANTPRTM"	"CONGENITAL ABNORM PREGNANT UTERUS ANTEPARTUM"
"654.04"	"CONGENITAL ABNORM PREGNANT UTERUS"	"CONGENITAL ABNORMALITIES OF PREGNANT UTERUS"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"654.1"	"TUMORS OF BODY OF PREGNANT UTERUS"	"TUMORS OF BODY OF PREGNANT UTERUS"
"654.10"	"TUMRS BDY PG UTRUS UNS EPIS CARE PG"	"TUMORS BODY PG UTERUS UNSPEC AS EPIS CARE PG"
"654.11"	"TUMORS OF BODY OF UTERUS"	"DELIVERED"
"654.12"	"TUMRS BDY UTRUS DELIV W/MENTION PPC"	"TUMORS BODY UTERUS DELIVERED W/MENTION PPC"
"654.13"	"TUMRS BODY UTERUS ANTPRTM COND/COMP"	"TUMORS BODY UTERUS ANTEPARTUM COND/COMPLICATION"
"654.14"	"TUMORS BODY UTERUS PP COND/COMP"	"TUMORS BODY UTERUS POSTPARTUM COND/COMPLICATION"
"654.2"	"PREVIOUS C-SECTION NOS"	"PREV C/S SECTION COMP PG CHLDBRTH/THE PUERPERIUM"
"654.20"	"PREV C/S DELIV UNS EOC/NOT APPLIC"	"PREV C/S DELIV UNSPEC AS EPIS CARE/NOT APPLIC"
"654.21"	"PREV C/S DEL DEL W/VO ANTPRTM COND"	"PREV C/S DELIV DELIV W/VO MENTION ANTPRTM COND"
"654.23"	"PREV C/S DELIV ANTPRTM COND/COMP"	"PREVIOUS C-SECT DELIVERY ANTPRTM COND/COMP"
"654.3"	"RETROVERT&INCARCERAT GRAVID UTERUS"	"RETROVERTED AND INCARCERATED GRAVID UTERUS"
"654.30"	"RETROVRT GRAVID UTERUS UNS EOC"	"RETROVRT&INCARCERAT GRAVID UTRUS UNS EPIS CARE"
"654.31"	"RETROVRT&INCARCERAT GRAVD UTRUS DEL"	"RETROVERTED&INCARCERATED GRAVID UTERUS DELIVERED"
"654.32"	"RETROVRT GRAVID UTERUS DEL-PP COMPL"	"RETROVRT&INCARCERAT GRAVD UTRUS DELIV W/ PPC"
"654.33"	"RETROVERT GRAVID UETRUS ANTEPARTUM"	"RETROVERTED&INCARCERATED GRAVID UTERUS ANTPRTM"
"654.34"	"RETROVRT&INCARCERAT GRAVID UTRUS PP"	"RETROVERTED&INCARCERAT GRAVID UTERUS POSTPARTUM"
"654.4"	"OTH ABN SHAPE/POS GRAVID UTERUS"	"OTH ABN SHAPE/POSTION GRAVIDA UTERUS&NGHBR STRCT"
"654.40"	"OTH ABN SHAPE GRAVID UTERUS-UNS EOC"	"OTH ABNORMAL SHAPE/POSITON GRAVID UTERUS-UNS EOC"
"654.41"	"OTH ABN SHAPE/POS GRAV UTERUS-DEL"	"OTH ABN SHAPE/PSTN GRAVD UTRUS&NGHBR STRCT DELIV"
"654.42"	"OTH ABN SHAPE GRAV UTRS DEL-PP COMPL"	"OTH ABN SHAPE/POS GRAVID UTERUS DEL W/PP COMPL"
"654.43"	"OTH ABN SHAP/POS GRAV UTRUS ANTPRTM"	"OTH ABN SHAPE/POSITION GRAVID UTERUS ANTEPARTUM"
"654.44"	"OTH ABN SHAPE/POS GRAV UTERUS PP"	"OTH ABN SHAPE/PSTN GRAVD UTRUS&OF NGHBR STRCT PP"
"654.5"	"CERVIX INCOMPET IN PREG"	"CERV INCOMPETNCE COMP PG CHLDBRTH/THE PUERPERIUM"
"654.50"	"CERV INCOMPETNCE UNS EPIS CARE PG"	"CERV INCOMPETENCE UNSPEC AS EPIS CARE PREGNANCY"
"654.51"	"CERVICAL INCOMPETENCE"	"DELIVERED"
"654.52"	"CERV INCOMPETNCE DELIV W/ PPC"	"CERVICAL INCOMPETENCE DELIVERED W/MENTION PPC"
"654.53"	"CERV INCOMPETENCE ANTPRTM COND/COMP"	"CERVICAL INCOMPETENCE ANTPRTM COND/COMPLICATION"
"654.54"	"CERV INCOMPETENCE PP COND/COMP"	"CERV INCOMPETENCE POSTPARTUM COND/COMPLICATION"
"654.6"	"OTH CONGN/ACQ ABN CERV COMPL PG/PP"	"OTH CONGENITAL OR ACQUIRED ABNORMALITY OF CERVIX"
"654.60"	"OTH CONGN/ACQ ABN CERV UNS EOC PG"	"OTH CONGN/ACQ ABNORM CERV UNSPEC AS EPIS CARE PG"
"654.61"	"OTH CONGEN/ACQ ABNORM CERV W/DELIV"	"OTH CONGENITAL/ACQUIRED ABNORM CERVIX W/DELIVERY"
"654.62"	"OTH CONGN/ACQ ABN CERV DELIV W/ PPC"	"OTH CONGEN/ACQ ABNORM CERV DELIV W/MENTION PPC"
"654.63"	"OTH CONGN/ACQ ABN CERV ANTPRTM COMP"	"OTH CONGENITAL/ACQ ABNORM CERV ANTPRTM COND/COMP"
"654.64"	"OTH CONGN/ACQ ABN CERV PP COND/COMP"	"OTH CONGEN/ACQ ABNORM CERV POSTPARTUM COND/COMP"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"654.7"	"ABNORMAL VAGINA IN PREG"	"CONGENITAL OR ACQUIRED ABNORMALITY OF VAGINA"
"654.70"	"CONGN/ACQ ABN VAG UNS EPIS CARE PG"	"CONGEN/ACQ ABNORM VAGINA UNSPEC AS EPIS CARE PG"
"654.71"	"CONGEN/ACQ ABNORM VAGINA W/DELIVERY"	"CONGENITAL/ACQUIRED ABNORM VAGINA W/DELIVERY"
"654.72"	"CONGN/ACQ ABN VAG DELIV W/ PPC"	"CONGEN/ACQ ABNORM VAGINA DELIVERED W/MENTION PPC"
"654.73"	"CONGN/ACQ ABN VAG ANTPRTM COND/COMP"	"CONGENITAL/ACQ ABNORM VAGINA ANTPRTM COND/COMP"
"654.74"	"CONGN/ACQ ABNORM VAG PP COND/COMP"	"CONGEN/ACQ ABNORM VAGINA POSTPARTUM COND/COMP"
"654.8"	"CONGEN/ACQ ABN VULVA COMPL PG CB/PP"	"CONGEN/ACQUIRED ABN VULVA COMPL PG CB/PP"
"654.80"	"CONGN/ACQ ABN VULVA UNS EOC PG"	"CONGEN/ACQ ABNORM VULVA UNSPEC AS EPIS CARE PG"
"654.81"	"CONGEN/ACQ ABNORM VULVA W/DELIVERY"	"CONGENITAL/ACQUIRED ABNORMALITY VULVA W/DELIVERY"
"654.82"	"CONGN/ACQ ABN VULVA DELIV W/ PPC"	"CONGEN/ACQ ABNORM VULVA DELIVERED W/MENTION PPC"
"654.83"	"CONGN/ACQ ABN VULVA ANTPRTM COMP"	"CONGENITAL/ACQ ABNORM VULVA ANTPRTM COND/COMP"
"654.84"	"CONGN/ACQ ABNORM VULVA PP COND/COMP"	"CONGENITAL/ACQ ABNORM VULVA POSTPARTUM COND/COMP"
"654.9"	"OTH&UNS ABN ORGN&PLV COMPL PG CB&PP"	"OTH&UNS ABN ORGAN&SFT TISS PELVIS COMPL PG CB&PP"
"654.90"	"OTH&UNS ABN ORGN PELV UNS EOC PG"	"OTH&UNS ABN ORGANS&SOFT TISS PELVIS UNS EOC PG"
"654.91"	"UNS ABN ORGN&SFT TISS PELV DELIV"	"OTH&UNSPEC ABNORM ORGN&SOFT TISSUES PELV W/DELIV"
"654.92"	"OTH&UNS ABN ORGN&PLV DEL W/PP COMPL"	"OTH&UNS ABN ORGN&SOFT TISS PELVIS DEL W/PP COMPL"
"654.93"	"OTH&UNS ABN ORGN&PELV ANTPRTM COMPL"	"OTH&UNS ABN ORGN&PELVIS ANTPRTM COND/COMPL"
"654.94"	"UNS ABN ORGN&SFT TISS PELV PP COMP"	"OTH&UNS ABN ORGAN&SOFT TISS PELVIS PP COND/COMPL"
"655"	"KNOWN/SPCT FETAL ABNORM MGMT MOTH"	"KNOWN/SUSPECTED FETAL ABNORM AFFECT MGMT MOTH"
"655.0"	"CNS MALFORM FETUS AFFECT MGMT MOM"	"CNTRL NERV SYS MALFORM FETUS AFFECT MGMT MOTH"
"655.00"	"CNS MALFORMATION FETUS UNS EOC PG"	"CNTRL NERV SYS MALFORM FETUS UNS AS EPIS CARE PG"
"655.01"	"CNTRL NERV SYS MALFORM FETUS DELIV"	"CNTRL NERV SYS MALFORMATION IN FETUS W/DELIVERY"
"655.03"	"CNTRL NRV SYS MALFORM FETUS ANTPRTM"	"CNTRL NERV SYS MALFORMATION IN FETUS ANTEPARTUM"
"655.1"	"CHROMOSM ABNORM FETUS MGMT MOTH"	"CHROMOSOMAL ABNORM FETUS AFFECT MANAGEMENT MOTH"
"655.10"	"CHROMOSOM ABN FETUS UNS EOC PG"	"CHROMOSM ABNORM FETUS MGMT MOTH UNS EPIS CARE PG"
"655.11"	"CHROMOSM ABN FETUS MGMT MOTH DELIV"	"CHROMOSM ABNORM FETUS AFFECT MGMT MOTH W/DELIV"
"655.13"	"CHROMOSM ABN-MGMT MOM FETUS ANTPRTM"	"CHROMOSOM ABNORM FETUS AFFECT MGMT MOM ANTPRTM"
"655.2"	"HEREDIT DZ POSS AFFCT FTUS MGMT MOM"	"HEREDITARY DZ FAMILY POSS AFFECT FETUS MGMT MOM"
"655.20"	"HEREDIT DZ AFFCT FETUS UNS EOC PG"	"HEREDITARY DZ POSS AFFECT FETUS UNS EOC PG"
"655.21"	"HEREDIT DZ POSS AFFCT FETUS DEL"	"HEREDITARY DZ POSS AFFECT FETUS MGMT MOM W/DEL"
"655.23"	"HEREDIT DZ FETUS ANTPRTM COND/COMPL"	"HEREDITRY DZ POSS AFFCT FETUS ANTPRTM COND/COMPL"
"655.3"	"SPCT DMGE FTUS-VIRL DZ MOM MGMT MOM"	"SPCT DAMGE FETUS VIRAL DZ MOM AFFECT MGMT MOM"
"655.30"	"SPCT DMGE FTUS D/T MAT VIRS-UNS EOC"	"SUSPECTED DAMAGE FETUS MATERNL VIRUS-UNS EOC"
"655.31"	"SPCT DAMGE FETUS VIRL DZ MOM DEL"	"SPCT DAMGE FETUS VIRL DZ MOM AFFECT MGMT MOM DEL"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"655.33"	"SPCT DMGE FTUS-MAT VIRL DZ ANTPRTM"	"SPCT DAMGE FETUS VIRAL DZ MOM ANTPRTM COMPL"
"655.4"	"SPCT DMGE FETUS-OTH DZ MOM MGMT MOM"	"SPCT DAMGE FETUS OTH DZ MOM AFFCT MGMT MOM"
"655.40"	"SPCT DAMGE FETUS-OTH MAT DZ-UNS EOC"	"SPCT DAMGE FETUS OTH DZ MOM UNS EOC PG"
"655.41"	"SPCT DAMGE FETUS OTH DZ MOM DEL"	"SPCT DAMGE FETUS OTH DZ MOM AFFCT MGMT MOM DEL"
"655.43"	"SPCT DMGE FETUS-OTH MAT DZ ANTPRTM"	"SPCT DAMGE FETUS OTH DZ MOM ANTPRTM COND/COMPL"
"655.5"	"SPCT DAMGE FETUS FROM RX MGMT MOTH"	"SUSPECTED DAMGE FETUS FROM RX AFFECT MGMT MOTH"
"655.50"	"SPCT DMGE FETUS-RX MGMT MOM UNS EOC"	"SPCT DAMGE FETUS FROM RX MGMT MOTH UNS EPIS CARE"
"655.51"	"SPCT DAMGE FETUS RX MGMT MOTH DELIV"	"SPCT DAMGE FETUS FROM RX AFFECT MGMT MOTH DELIV"
"655.53"	"SPCT DMGE FETUS-RX-MGMT MOM ANTPRTM"	"SPCT DAMGE FETUS FROM RX AFFCT MGMT MOTH ANTPRTM"
"655.6"	"SPCT DAMGE FETUS FROM RAD MGMT MOTH"	"SUSPECTED DAMGE FETUS FROM RAD AFFECT MGMT MOTH"
"655.60"	"SPCT DMGE FTUS RAD MGMT MOM UNS EOC"	"SPCT DAMGE FETUS RAD MGMT MOTH UNS EPIS CARE"
"655.61"	"SPCT DAMGE FETUS RAD MGMT MOTH DEL"	"SPCT DAMGE FETUS FROM RAD AFFECT MGMT MOTH DELIV"
"655.63"	"SPCT DAMGE FETUS RAD-ANTPRTM COMPL"	"SPCT DAMGE FETUS RAD MGMT MOTH ANTPRTM COND/COMP"
"655.7"	"DECREASED FETAL MOVEMENTS"	"DECREASED FETAL MOVEMENTS"
"655.70"	"DECR FETAL MOVMENTS UNS AS EPIS CARE"	"DECREASED FETAL MOVEMENTS UNSPEC AS EPISODE CARE"
"655.71"	"DECR FETAL MOVMENTS MGMT MOTH DELIV"	"DECR FETAL MOVEMENTS AFFECT MGMT MOTH DELIV"
"655.73"	"DCRESF FETL MOVEMENT ANTPRTM COMPL"	"DECR FETAL MOVMENTS MGMT MOTH ANTPRTM COND/COMP"
"655.8"	"OTH KNWN/SPCT FETL ABN NEC-MGMT MOM"	"OTH KNOWN/SPCT FETAL ABNORM NEC AFFECT MGMT MOTH"
"655.80"	"OTH KNWN/SPCT FETL ABN NEC-UNS EOC"	"OTH KNOWN/SPCT FETAL ABN NEC MGMT MOTH UNS EOC"
"655.81"	"OTH KNWN/SPCT FETL ABN NEC DEL"	"OTH KNOWN/SPCT FETAL ABNORM NEC MGMT MOTH DELIV"
"655.83"	"OTH KNWN FETL ABN-NEC-ANTPRTM COMPL"	"OTH KNOWN/SUSPECTED FETAL ABNORMALITY-NEC-APC/C"
"655.9"	"UNSPEC FETAL ABNORM AFFCT MGMT MOTH"	"UNSPEC FETAL ABNORM AFFECTING MANAGEMENT MOTH"
"655.90"	"UNS FETL ABN MGMT MOTH UNS EOC"	"UNS FETAL ABNORM MGMT MOTH UNS AS EPIS CARE"
"655.91"	"UNS FETAL ABNORM MGMT MOTH DELIV"	"UNSPEC FETAL ABNORM AFFECT MANAGEMENT MOTH DELIV"
"655.93"	"UNS FETL ABN MGMT MOTH ANTPRTM COMP"	"UNS FETAL ABNORM MGMT MOTH ANTPRTM COND/COMP"
"656"	"OTH FETAL&PLACNTL PROBS MGMT MOTH"	"OTH FETAL&PLACENTAL PROBLEMS AFFECT MGMT MOTH"
"656.0"	"FETAL-MTRN HEMORR AFFECT MGMT MOTH"	"FETAL-MATERNAL HEMORRHAGE AFFECT MANAGEMENT MOTH"
"656.00"	"FETAL-MTRN HEMORR UNS EPIS CARE PG"	"FETAL-MTRN HEMORR UNSPEC AS EPIS CARE PREGNANCY"
"656.01"	"FETAL-MATERNAL HEMORRHAGE W/DELIV"	"FETAL-MATERNAL HEMORRHAGE WITH DELIVERY"
"656.03"	"FETAL-MTRN HEMORR ANTPRTM COND/COMP"	"FETAL-MATERNAL HEMORRHAGE ANTPRTM COND/COMP"
"656.1"	"RHESUS ISOIMMUN AFFCT MGMT MOTH"	"RHESUS ISOIMMUNIZATION AFFECTING MANAGEMENT MOTH"
"656.10"	"RHESUS ISOIMMUN UNS AS EPIS CARE PG"	"RHESUS ISOIMMUNIZATION UNSPEC AS EPIS CARE PG"
"656.11"	"RHESUS ISOIMMUN MGMT MOTH DELIV"	"RHESUS ISOIMMUNIZATION AFFECT MGMT MOTH DELIV"
"656.13"	"RH ISOIMMUN-MGMT MOM ANTPRTM COND"	"RHESUS ISOIMMUN AFFCT MGMT MOTH ANTPRTM COND"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"656.2"	"ISOIMMUN UNS BLD-GRP INCOMPAT MOM"	"ISOIMMUN FROM OTH&UNS BLD-GRP INCOMPAT MGMT MOTH"
"656.20"	"ISOIMUN UNS BLD INCOMPAT UNS EOC PG"	"ISOIMMU UNS BLD-GRP INCOMPAT UNS EPIS CARE PG"
"656.21"	"ISOIMUN UNS BLD-GRP INCMPAT MOM DEL"	"ISOIMMU OTH&UNS BLD-GRP INCOMPAT MGMT MOTH DELIV"
"656.23"	"ISOIMUN UNS BLD-GRP INCMPAT ANTPRTM"	"ISOIMMU UNS BLD-GRP INCOMPAT MGMT MOTH ANTPRTM"
"656.3"	"FETAL DISTRESS AFFECT MGMT MOTH"	"FETAL DISTRESS AFFECTING MANAGEMENT OF MOTHER"
"656.30"	"FETL DISTRESS MGMT MOTH UNS EOC"	"FETAL DISTRESS AFFCT MGMT MOTH UNS AS EPIS CARE"
"656.31"	"FETAL DISTRESS MGMT MOTH DELIV"	"FETAL DISTRESS AFFECT MANAGEMENT MOTH DELIVERED"
"656.33"	"FETAL DISTRESS MGMT MOTH ANTPRTM"	"FETAL DISTRESS AFFECT MANAGEMENT MOTH ANTEPARTUM"
"656.4"	"INTRAUTERINE DEATH AFFECT MGMT MOTH"	"INTRAUTERINE DEATH AFFECTING MANAGEMENT MOTHER"
"656.40"	"INTRAUTERN DEATH MGMT MOTH UNS EOC"	"INTRAUTERN DEATH MGMT MOTH UNS AS EPIS CARE"
"656.41"	"INTRAUTERN DEATH MGMT MOTH DELIV"	"INTRAUTERINE DEATH AFFECT MANAGEMENT MOTH DELIV"
"656.43"	"INTRAUTERN DEATH MGMT MOTH ANTPRTM"	"INTRAUTERINE DEATH AFFECT MGMT MOTH ANTPRTM"
"656.5"	"POOR FETAL GROWTH AFFECT MGMT MOTH"	"POOR FETAL GROWTH AFFECTING MANAGEMENT OF MOTHER"
"656.50"	"POOR FETL GROWTH MGMT MOTH UNS EOC"	"POOR FETAL GROWTH MGMT MOTH UNS AS EPIS CARE"
"656.51"	"POOR FETAL GROWTH MGMT MOTH DELIV"	"POOR FETAL GROWTH AFFECT MANAGEMENT MOTH DELIV"
"656.53"	"POOR FETL GROWTH ANTPRTM COND/COMPL"	"POOR FETAL GROWTH MGMT MOTH ANTPRTM COND/COMP"
"656.6"	"EXCESS FETAL GROWTH AFFCT MGMT MOTH"	"EXCESSIVE FETAL GROWTH AFFECTING MANAGEMENT MOTH"
"656.60"	"XCESS FETL GROWTH MGMT MOTH UNS EOC"	"XCESS FETAL GROWTH MGMT MOTH UNS AS EPIS CARE"
"656.61"	"XCESS FETAL GROWTH MGMT MOTH DELIV"	"EXCESS FETAL GROWTH AFFECT MANAGEMENT MOTH DELIV"
"656.63"	"XCESS FETL GROWTH MGMT MOTH ANTPRTM"	"EXCESS FETAL GROWTH AFFECT MGMT MOTH ANTPRTM"
"656.7"	"OTH PLACNTL CONDS AFFECT MGMT MOTH"	"OTH PLACENTAL CONDS AFFECTING MANAGEMENT MOTH"
"656.70"	"OTH PLACNTL COND MGMT MOTH UNS EOC"	"OTH PLACNTL CONDS MGMT MOTH UNS AS EPIS CARE"
"656.71"	"OTH PLACNTL CONDS MGMT MOTH DELIV"	"OTH PLACENTAL CONDS AFFECT MANAGEMENT MOTH DELIV"
"656.73"	"OTH PLACNTL CONDS MGMT MOTH ANTPRTM"	"OTH PLACENTAL CONDS AFFECT MGMT MOTH ANTPRTM"
"656.8"	"OTH FETL&PLACNTL PROBS MGMT MOTH"	"OTH SPEC FETAL&PLACNTL PROBLEMS AFFECT MGMT MOTH"
"656.80"	"OTH SPEC FETL&PLACNTL PROBS UNS EOC"	"OTH SPEC FETL&PLACNTL PROBS MGMT MOTH UNS EOC"
"656.81"	"OTH SPEC FETAL&PLACNTL PROBS DEL"	"OTH SPEC FETAL&PLACNTL PROBS MGMT MOTH DELIV"
"656.83"	"OTH SPEC FETAL&PLACNTL PROB ANTPRTM"	"OTH SPEC FETAL&PLACNTL PROBS MGMT MOTH ANTPRTM"
"656.9"	"UNS FETAL&PLACNTL PROB MGMT MOTH"	"UNSPEC FETAL&PLACENTAL PROBLEM AFFECT MGMT MOTH"
"656.90"	"UNS FETL&PLACNTL PROB UNS EPIS CARE"	"UNS FETAL&PLACNTL PROB MGMT MOTH UNS EPIS CARE"
"656.91"	"UNS FETL&PLACNTL PROB MGMT MOTH DEL"	"UNSPEC FETAL&PLACNTL PROB AFFECT MGMT MOTH DELIV"
"656.93"	"UNS FETAL&PLACENTAL PROB ANTEPARTUM"	"UNS FETAL&PLACNTL PROB AFFCT MGMT MOTH ANTPRTM"
"657"	"POLYHYDRAMNIOS"	"POLYHYDRAMNIOS"
"657.0"	"POLYHYDRAMNIOS"	"POLYHYDRAMNIOS"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"657.00"	"POLYHYDRAMNIOS UNSPEC AS EPIS CARE"	"POLYHYDRAMNIOS UNSPECIFIED AS TO EPISODE OF CARE"
"657.01"	"POLYHYDRAMNIOS"	"WITH DELIVERY"
"657.03"	"POLYHYDRAMNIOS ANTPRTM COMPLICATION"	"POLYHYDRAMNIOS ANTEPARTUM COMPLICATION"
"658"	"OTH PROBS ASSOC W/AMNIOTIC CAV&MEMB"	"OTH PROBLEMS ASSOC W/AMNIOTIC CAVITY&MEMBRANES"
"658.0"	"OLIGOHYDRAMNIOS"	"OLIGOHYDRAMNIOS"
"658.00"	"OLIGOHYDRAMNIOS UNSPEC AS EPIS CARE"	"OLIGOHYDRAMNIOS UNSPECIFIED AS TO EPISODE CARE"
"658.01"	"OLIGOHYDRAMNIOS"	"DELIVERED"
"658.03"	"OLIGOHYDRAMNIOS"	"ANTEPARTUM"
"658.1"	"PREMATURE RUPTURE MEMB PREGNANCY"	"PREMATURE RUPTURE OF MEMBRANES IN PREGNANCY"
"658.10"	"PRMAT RUP MEMB PG UNS AS EPIS CARE"	"PREMATURE RUPTURE MEMB PG UNSPEC AS EPIS CARE"
"658.11"	"PREMATURE RUPTURE MEMB PG DELIV"	"PREMATURE RUPTURE MEMBRANES PREGNANCY DELIVERED"
"658.13"	"PREMATURE RUPTURE MEMB PG ANTPRTM"	"PREMATURE RUPTURE MEMBRANES PREGNANCY ANTEPARTUM"
"658.2"	"DELAY DEL AFTER SPONT/UNS RUP MEMB"	"DELAY DELIV AFTER SPONT/UNSPEC RUPTURE MEMB"
"658.20"	"DLAY DEL SPONT/UNS RUP MEMB UNS EOC"	"DELAY DELIV AFTER SPONT/UNS RUP MEMB UNS EOC"
"658.21"	"DELAY DEL SPONT/UNS RUP MEMB DEL"	"DELAY DELIV AFTER SPONT/UNSPEC RUP MEMB DELIV"
"658.23"	"DLAY DEL SPONT/UNS RUP MEMB ANTPRTM"	"DELAY DELIV AFTER SPONT/UNSPEC RUP MEMB ANTPRTM"
"658.3"	"DELAY DELIV AFTER ARTFICL RUP MEMB"	"DELAY DELIVERY AFTER ARTFICL RUPTURE MEMBRANES"
"658.30"	"DELAY DEL ARTFICL RUP MEMB UNS EOC"	"DELAY DELIV AFTER ARTFICL RUP MEMB UNS EPIS CARE"
"658.31"	"DELAY DEL ARTFICL RUPTURE MEMB DEL"	"DELAY DELIV AFTER ARTFICL RUPTURE MEMB DELIV"
"658.33"	"DELAY DEL ARTFICL RUP MEMB ANTPRTM"	"DELAY DELIV AFTER ARTFICL RUPTURE MEMB ANTPRTM"
"658.4"	"INFECTION OF AMNIOTIC CAVITY"	"INFECTION OF AMNIOTIC CAVITY"
"658.40"	"INF AMNIOTIC CAV UNS AS EPIS CARE"	"INFECTION AMNIOTIC CAVITY UNSPEC AS EPISODE CARE"
"658.41"	"INFECTION AMNIOTIC CAVITY DELIVERED"	"INFECTION OF AMNIOTIC CAVITY DELIVERED"
"658.43"	"INFECTION AMNIOTIC CAVITY ANTPRTM"	"INFECTION OF AMNIOTIC CAVITY ANTEPARTUM"
"658.8"	"OTH PROBS ASSOC W/AMNIOTIC CAV&MEMB"	"OTH PROBLEMS ASSOC W/AMNIOTIC CAVITY&MEMBRANES"
"658.80"	"OTH PROBW/AMNIOTIC CAV&MEMB UNS EOC"	"OTH PROB ASSOC W/AMNIOTIC CAV&MEMB UNS EPIS CARE"
"658.81"	"OTH PROBW/AMNIOTIC CAV&MEMB DELIV"	"OTH PROBLEM ASSOC W/AMNIOTIC CAVITY&MEMB DELIV"
"658.83"	"OTH PROBW/AMNIOTIC CAV&MEMB ANTPRTM"	"OTH PROBLEM ASSOC W/AMNIOTIC CAVITY&MEMB ANTPRTM"
"658.9"	"UNS PROB ASSOC W/AMNIOTIC CAV&MEMB"	"UNSPEC PROBLEM ASSOC W/AMNIOTIC CAVITY&MEMBRANES"
"658.90"	"UNS PROBW/AMNIOTIC CAV&MEMB UNS EOC"	"UNS PROB ASSOC W/AMNIOTIC CAV&MEMB UNS EPIS CARE"
"658.91"	"UNS PROBW/AMNIOTIC CAV&MEMB DELIV"	"UNSPEC PROB ASSOC W/AMNIOTIC CAVITY&MEMB DELIV"
"658.93"	"UNS PROBW/AMNIOTIC CAV&MEMB ANTPRTM"	"UNSPEC PROB ASSOC W/AMNIOTIC CAVITY&MEMB ANTPRTM"
"659"	"OTH INDICAT CARE/INTRVN REL L&D NEC"	"OTH INDICATS CARE/INTERVENTION RELATED L&D NEC"
"659.0"	"FAILED MECHANICAL INDUCTION LABOR"	"FAILED MECHANICAL INDUCTION OF LABOR"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"659.00"	"FAILMECH INDUCT LABR UNS EPIS CARE"	"FAILED MECH INDUCTION LABOR UNSPEC AS EPIS CARE"
"659.01"	"FAILED MECH INDUCTION LABOR DELIV"	"FAILED MECHANICAL INDUCTION OF LABOR DELIVERED"
"659.03"	"FAILED MECH INDUCTION LABOR ANTPRTM"	"FAILED MECHANICAL INDUCTION OF LABOR ANTEPARTUM"
"659.1"	"FAILMEDICAL/UNSPEC INDUCTION LABOR"	"FAILED MEDICAL OR UNSPECIFIED INDUCTION OF LABOR"
"659.10"	"FAILMED/UNSPEC INDUCT LABR UNS EOC"	"FAILMED/UNSPEC INDUCT LABR UNSPEC AS EPIS CARE"
"659.11"	"FAILMED/UNSPEC INDUCT LABR DELIV"	"FAILED MEDICAL/UNSPEC INDUCTION LABOR DELIVERED"
"659.13"	"FAILMED/UNSPEC INDUCT LABR ANTPRTM"	"FAILED MEDICAL/UNSPEC INDUCTION LABOR ANTEPARTUM"
"659.2"	"MTRN PYREXIA DURING LABOR UNSPEC"	"MATERNAL PYREXIA DURING LABOR UNSPECIFIED"
"659.20"	"UNS MTRN PYREXIA DUR LABR UNS EOC"	"UNSPEC MTRN PYREXIA DUR LABR UNSPEC AS EPIS CARE"
"659.21"	"UNSPEC MTRN PYREXIA DUR LABOR DELIV"	"UNSPEC MATERNAL PYREXIA DURING LABOR DELIVERED"
"659.23"	"UNSPEC MATERNAL PYREXIA ANTEPARTUM"	"UNSPECIFIED MATERNAL PYREXIA ANTEPARTUM"
"659.3"	"GENERALIZED INFECTION DURING LABOR"	"GENERALIZED INFECTION DURING LABOR"
"659.30"	"GEN INF DUR LABR UNS AS EPIS CARE"	"GEN INFECTION DURING LABOR UNSPEC AS EPIS CARE"
"659.31"	"GEN INFECTION DURING LABOR DELIV"	"GENERALIZED INFECTION DURING LABOR DELIVERED"
"659.33"	"GEN INFECTION DURING LABOR ANTPRTM"	"GENERALIZED INFECTION DURING LABOR ANTEPARTUM"
"659.4"	"GRAND MULTIPARITY W/CURRENT PG"	"GRAND MULTIPARITY WITH CURRENT PREGNANCY"
"659.40"	"GRAND MXIPARITY W/CURR PG UNS EOC"	"GRAND MULTIPARITY W/CURRNT PG UNS AS EPIS CARE"
"659.41"	"GRAND MULTIP DEL W/VO ANTPRTM COND"	"GRAND MULTIPARITY DELIV W/VO ANTPRTM COND"
"659.43"	"GRAND MULTIPARITY W/CURR PG ANTPRTM"	"GRAND MULTIPARITY W/CURRENT PREGNANCY ANTEPARTUM"
"659.5"	"ELDERLY PRIMIGRAVIDA"	"ELDERLY PRIMIGRAVIDA"
"659.50"	"ELDER PRIMIGRAVIDA UNS AS EPIS CARE"	"ELDERLY PRIMIGRAVIDA UNSPECIFIED AS EPISODE CARE"
"659.51"	"ELDERLY PRIMIGRAVIDA"	"DELIVERED"
"659.53"	"ELDERLY PRIMIGRAVIDA"	"ANTEPARTUM"
"659.6"	"ELDERLY MULTIGRAVIDA"	"ELDERLY MULTIGRAVIDA"
"659.60"	"ELDER MXIGRAVDA UNS EOC/NOT APPLIC"	"ELDER MULTIGRAVIDA UNS AS EPIS CARE/NOT APPLIC"
"659.61"	"ELDER MXIGRAVDA DEL W/ANTPRTM COND"	"ELDER MULTIGRAVIDA DELIV W/MENTION ANTPRTM COND"
"659.63"	"ELDER MXIGRAVDA W/ANTPRTM COND/COMP"	"ELDERLY MULTIGRAVIDA W/ANTPRTM COND/COMPLICATION"
"659.7"	"ABNORMALITY FETAL HEART RATE/RHYTHM"	"ABNORMALITY IN FETAL HEART RATE OR RHYTHM"
"659.70"	"ABN FETAL HEART RATE/RHYTHM UNS EOC"	"ABN FETL HRT RATE/RHYTHM UNS EOC/NOT APPLIC"
"659.71"	"ABN FETAL HEART RATE/RHYTHM DEL"	"ABN FETL HRT RATE/RHYTHM DELIV W/VO ANTPRTM COND"
"659.73"	"ABN FETAL HEART RATE ANTPRTM COMPL"	"ABNORM FETAL HEART RATE/RHYTHM ANTPRTM COND/COMP"
"659.8"	"OTH INDICAT CARE/INTRVN REL L&D"	"OTH SPEC INDICATS CARE/INTERVENTION RELATED L&D"
"659.80"	"OTH INDCAT CARE REL L&D UNS EOC"	"OTH SPEC INDICAT CARE/INTRVN REL L&D UNS EOC"
"659.81"	"OTH INDICAT CARE/INTRVN REL L&D DEL"	"OTH SPEC INDICAT CARE/INTERVEN RELATED L&D DELIV"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"659.83"	"OTH INDCAT CARE REL L&D ANTEPARTUM"	"OTH SPEC INDICAT CARE/INTERVEN REL L&D ANTPRTM"
"659.9"	"UNS INDICAT CARE/INTERVEN REL L&D"	"UNSPEC INDICATION CARE/INTERVENTION RELATED L&D"
"659.90"	"UNS INDICAT CARE REL L&D UNS EOC"	"UNS INDICAT CARE/INTERVEN REL L&D UNS EPIS CARE"
"659.91"	"UNS INDICAT CARE/INTRVN REL L&D DEL"	"UNSPEC INDICAT CARE/INTERVEN RELATED L&D DELIV"
"659.93"	"UNS INDICAT CARE REL L&D ANTPRTM"	"UNSPEC INDICAT CARE/INTERVEN RELATED L&D ANTPRTM"
"66"	"OPERATIONS ON FALLOPIAN TUBES"	"OPERATIONS ON FALLOPIAN TUBES"
"66.0"	"SALPINGOTOMY"	"SALPINGOTOMY"
"66.01"	"SALPINGOTOMY"	"SALPINGOTOMY"
"66.02"	"SALPINGOSTOMY"	"SALPINGOSTOMY"
"66.1"	"DIAGNOSTIC PROC FALLOPIAN TUBES"	"DIAGNOSTIC PROCEDURES ON FALLOPIAN TUBES"
"66.11"	"BIOPSY OF FALLOPIAN TUBE"	"BIOPSY OF FALLOPIAN TUBE"
"66.19"	"OTH DIAGNOSTIC PROC FALLOPIAN TUBES"	"OTHER DIAGNOSTIC PROCEDURES ON FALLOPIAN TUBES"
"66.2"	"BIL ENDO DEST/OCCLU FALLOPIAN TUBES"	"BILATERAL ENDO DESTRUC/OCCLUSION FALLOPIAN TUBES"
"66.21"	"BIL ENDO LIG-CRUSH FALLOPIAN TUBES"	"BILATERAL ENDO LIGATION&CRUSHING FALLOPIAN TUBES"
"66.22"	"BILAT ENDO LIG&DIV FALLOP TUBES"	"BILATERAL ENDO LIGATION&DIV FALLOPIAN TUBES"
"66.29"	"OTH BIL ENDO DESTRUC FALLOP TUBES"	"OTH BILAT ENDO DESTRUC/OCCLUSION FALLOP TUBES"
"66.3"	"OTH BILAT DESTRUC/OCCL FALLOP TUBES"	"OTH BILATERAL DESTRUC/OCCLUSION FALLOPIAN TUBES"
"66.31"	"OTH BILAT LIG&CRUSHING FALLOP TUBES"	"OTH BILATERAL LIGATION&CRUSHING FALLOPIAN TUBES"
"66.32"	"OTH BILAT LIGATION&DIV FALLOP TUBES"	"OTH BILATERAL LIGATION&DIVISION FALLOPIAN TUBES"
"66.39"	"OTH BILAT DESTRUC/OCCL FALLOP TUBES"	"OTH BILATERAL DESTRUC/OCCLUSION FALLOPIAN TUBES"
"66.4"	"TOTAL UNILATERAL SALPINGECTOMY"	"TOTAL UNILATERAL SALPINGECTOMY"
"66.5"	"TOTAL BILATERAL SALPINGECTOMY"	"TOTAL BILATERAL SALPINGECTOMY"
"66.51"	"REMOV BIL FALLOP TUBES-SAME SURG"	"REMOVAL BOTH FALLOPIAN TUBES@SAME OPERATIVE EPIS"
"66.52"	"REMOVAL OF REMAINING FALLOPIAN TUBE"	"REMOVAL OF REMAINING FALLOPIAN TUBE"
"66.6"	"OTHER SALPINGECTOMY"	"OTHER SALPINGECTOMY"
"66.61"	"EXCISION/DESTRUC LESION FALLOP TUBE"	"EXCISION OR DESTRUCTION LESION FALLOPIAN TUBE"
"66.62"	"SALPINGECTOMY W/REMOVAL TUBAL PG"	"SALPINGECTOMY WITH REMOVAL OF TUBAL PREGNANCY"
"66.63"	"BILATERAL PARTIAL SALPINGECTOMY NOS"	"BILATERAL PARTIAL SALPINGECTOMY NOS"
"66.69"	"OTHER PARTIAL SALPINGECTOMY"	"OTHER PARTIAL SALPINGECTOMY"
"66.7"	"REPAIR OF FALLOPIAN TUBE"	"REPAIR OF FALLOPIAN TUBE"
"66.71"	"SIMPLE SUTURE OF FALLOPIAN TUBE"	"SIMPLE SUTURE OF FALLOPIAN TUBE"
"66.72"	"SALPINGO-OOPHOROSTOMY"	"SALPINGO-OOPHOROSTOMY"
"66.73"	"SALPINGO-SALPINGOSTOMY"	"SALPINGO-SALPINGOSTOMY"
"66.74"	"SALPINGO-UTEROSTOMY"	"SALPINGO-UTEROSTOMY"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"66.79"	"OTHER REPAIR OF FALLOPIAN TUBE"	"OTHER REPAIR OF FALLOPIAN TUBE"
"66.8"	"INSUFFLATION OF FALLOPIAN TUBE"	"INSUFFLATION OF FALLOPIAN TUBE"
"66.9"	"OTHER OPERATIONS ON FALLOPIAN TUBES"	"OTHER OPERATIONS ON FALLOPIAN TUBES"
"66.91"	"ASPIRATION OF FALLOPIAN TUBE"	"ASPIRATION OF FALLOPIAN TUBE"
"66.92"	"UNILAT DESTRUC/OCCL FALLOP TUBE"	"UNILATERAL DESTRUCTION/OCCLUSION FALLOPIAN TUBE"
"66.93"	"IMPL/REPLCMT PROSTHESIS FALLOP TUBE"	"IMPLANTATION/REPLACEMENT PROSTHESIS FALLOP TUBE"
"66.94"	"REMOVAL PROSTHESIS FALLOPIAN TUBE"	"REMOVAL OF PROSTHESIS OF FALLOPIAN TUBE"
"66.95"	"INSUFFLATION TX AGT IN FALLOP TUBES"	"INSUFFLATION THERAPEUTIC AGT INTO FALLOP TUBES"
"66.96"	"DILATION OF FALLOPIAN TUBE"	"DILATION OF FALLOPIAN TUBE"
"66.97"	"BURYING OF FIMBRIAE IN UTERINE WALL"	"BURYING OF FIMBRIAE IN UTERINE WALL"
"66.99"	"OTHER OPERATIONS ON FALLOPIAN TUBES"	"OTHER OPERATIONS ON FALLOPIAN TUBES"
"660"	"OBSTRUCTED LABOR"	"OBSTRUCTED LABOR"
"660.0"	"OBST CAUS MALPSTN FETUS@ONSET LABR"	"OBSTRUCTION CAUSED MALPOSITION FETUS@ONSET LABOR"
"660.00"	"OBST CAUS MALPSTN FTUS@LABR UNS EOC"	"OBST CAUS MALPSTN FETUS@ONSET LABR UNS EPIS CARE"
"660.01"	"OBST CAUS MALPOS FETUS@LABOR DEL"	"OBST CAUS MALPOSITION FETUS@ONSET LABR DELIV"
"660.03"	"OBST CAUS MALPOS FETUS@LABR ANTPRTM"	"OBST CAUS MALPOSITION FETUS@ONSET LABR ANTPRTM"
"660.1"	"OBSTRUCTION BONY PELVIS DURING L&D"	"OBSTRUCTION BY BONY PELVIS DURING L&D"
"660.10"	"OBST BONY PELV DUR L&D UNS EOC"	"OBST BONY PELV DUR L&D UNSPEC AS EPIS CARE"
"660.11"	"OBSTRUCTION BONY PELV DUR L&D DELIV"	"OBSTRUCTION BY BONY PELVIS DURING L&D DELIVERED"
"660.13"	"OBST BONY PELV DUR L&D ANTPRTM"	"OBSTRUCTION BY BONY PELVIS DURING L&D ANTEPARTUM"
"660.2"	"OBST ABNORM PELV SOFT TISS DUR L&D"	"OBSTRUCTION ABNORMAL PELV SOFT TISS DURING L&D"
"660.20"	"OBST ABN PELV SFT TISS-L&D UNS EOC"	"OBST ABNORM PELV SFT TISS DUR L&D UNS EPIS CARE"
"660.21"	"OBST ABN PELV SFT TISS-L&D DEL"	"OBST ABN PELV SFT TISS DUR LABRAND DELIV DELIV"
"660.23"	"OBST ABN PELV SOFT TISS-L&D ANTPRTM"	"OBST ABNORM PELV SOFT TISS DUR L&D ANTPRTM"
"660.3"	"DEEP TRANS ARREST-OCCIPITOPOSTR POS"	"DEEP TRANSVERSE ARREST-OCCIPITOPOSTERIOR POSIT"
"660.30"	"DEEP TRANS ARREST-OCCIPTPOST-UNS EOC"	"DEEP TRNSVRSE ARREST-OCCIPITOPOST POSIT-UNS EOC"
"660.31"	"DEEP TRANS ARREST-OCCIPITPOST-L&D"	"DEEP TRNSVRSE ARREST-OCCIPITOPOSTER-DEL-UNS APC"
"660.33"	"DEEP TRANS ARREST-OCCIPTPOST ANTPRTM"	"DEEP TRANSVERSE ARREST-OCCIPITOPOST POSIT-APC/C"
"660.4"	"SHOULDER DYSTOCIA DURING L&D"	"SHOULDER DYSTOCIA DURING LABOR AND DELIVERY"
"660.40"	"SHLDR DYSTOCIA DUR L&D UNS EOC"	"SHOULDER DYSTOCIA DURING L&D UNSPEC AS EPIS CARE"
"660.41"	"SHLDR DYSTOCIA DUR LABR&DEL ER DEL"	"SHOULDER DYSTOCIA DURING LABOR&DELIVER DELIVERED"
"660.43"	"SHLDR DYSTOCIA DURING L&D ANTPRTM"	"SHOULDER DYSTOCIA DURING L&D ANTEPARTUM"
"660.5"	"LOCKED TWINS"	"LOCKED TWINS"
"660.50"	"LOCKED TWINS DUR L&D UNS EOC PG"	"LOCKED TWINS DURING L&D UNSPEC AS EPIS CARE PG"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"660.51"	"LOCKED TWINS	DELIVERED"
"660.53"	"LOCKED TWINS	ANTEPARTUM"
"660.6"	"UNSPECIFIED FAILED TRIAL OF LABOR"	"UNSPECIFIED FAILED TRIAL OF LABOR"
"660.60"	"UNS FAILTRIAL LABR UNSIFED AS EPIS"	"UNSPEC FAILED TRIAL LABOR UNSPECIFIED AS EPISODE"
"660.61"	"UNSPEC FAILED TRIAL LABOR DELIVERED"	"UNSPECIFIED FAILED TRIAL OF LABOR DELIVERED"
"660.63"	"UNSPEC FAILED TRIAL LABOR ANTPRTM"	"UNSPECIFIED FAILED TRIAL OF LABOR ANTEPARTUM"
"660.7"	"UNSPEC FAILED FORCEPS/VAC EXT"	"UNSPECIFIED FAILED FORCEPS OR VACUUM EXTRACTOR"
"660.70"	"UNS FAILFORCEPS/VAC EXT UNS EOC"	"UNS FAILD FORCEP/VAC EXTRACTOR UNS AS EPIS CARE"
"660.71"	"UNSPEC FAILED FORCEPS/VAC EXT DELIV"	"UNSPEC FAILED FORCEPS/VACUUM EXTRACTOR DELIVERED"
"660.73"	"FAILFORCEPS/VAC EXT UNSPEC ANTPRTM"	"FAILED FORCEPS/VAC EXT UNSPEC ANTEPARTUM"
"660.8"	"OTHER CAUSES OF OBSTRUCTED LABOR"	"OTHER CAUSES OF OBSTRUCTED LABOR"
"660.80"	"OTH CAUS OBST LABR UNS AS EPIS CARE"	"OTH CAUSES OBSTRUCTED LABOR UNSPEC AS EPIS CARE"
"660.81"	"OTH CAUSES OBSTRUCTED LABOR DELIV"	"OTHER CAUSES OF OBSTRUCTED LABOR DELIVERED"
"660.83"	"OTH CAUSES OBSTRUCTED LABOR ANTPRTM"	"OTHER CAUSES OF OBSTRUCTED LABOR ANTEPARTUM"
"660.9"	"UNSPECIFIED OBSTRUCTED LABOR"	"UNSPECIFIED OBSTRUCTED LABOR"
"660.90"	"UNS OBST LABR UNS AS EPIS CARE"	"UNSPEC OBSTRUCTED LABOR UNSPEC AS EPISODE CARE"
"660.91"	"UNSPEC OBSTRUCTED LABOR W/DELIVERY"	"UNSPECIFIED OBSTRUCTED LABOR WITH DELIVERY"
"660.93"	"UNSPEC OBSTRUCTED LABOR ANTEPARTUM"	"UNSPECIFIED OBSTRUCTED LABOR ANTEPARTUM"
"661"	"ABNORMALITY OF FORCES OF LABOR"	"ABNORMALITY OF FORCES OF LABOR"
"661.0"	"PRIMARY UTERINE INERTIA"	"PRIMARY UTERINE INERTIA"
"661.00"	"PRIM UTERN INERTIA UNS AS EPIS CARE"	"PRIMARY UTERINE INERTIA UNSPEC AS EPISODE CARE"
"661.01"	"PRIMARY UTERINE INERTIA W/DELIVERY"	"PRIMARY UTERINE INERTIA WITH DELIVERY"
"661.03"	"PRIMARY UTERINE INERTIA	ANTEPARTUM"
"661.1"	"SECONDARY UTERINE INERTIA"	"SECONDARY UTERINE INERTIA"
"661.10"	"SEC UTERN INERTIA UNS AS EPIS CARE"	"SEC UTERINE INERTIA UNSPECIFIED AS EPISODE CARE"
"661.11"	"SEC UTERINE INERTIA WITH DELIVERY"	"SECONDARY UTERINE INERTIA WITH DELIVERY"
"661.13"	"SEC UTERINE INERTIA ANTEPARTUM"	"SECONDARY UTERINE INERTIA ANTEPARTUM"
"661.2"	"OTHER&UNSPECIFIED UTERINE INERTIA"	"OTHER AND UNSPECIFIED UTERINE INERTIA"
"661.20"	"OTH&UNS UTERN INERTIA UNS EPIS CARE"	"OTH&UNSPEC UTERINE INERTIA UNSPEC AS EPIS CARE"
"661.21"	"OTH&UNSPEC UTERINE INERTIA W/DELIV"	"OTHER AND UNSPECIFIED UTERINE INERTIA W/DELIVERY"
"661.23"	"OTH&UNSPEC UTERINE INERTIA ANTPRTM"	"OTHER AND UNSPECIFIED UTERINE INERTIA ANTEPARTUM"
"661.3"	"PRECIPITATE LABOR"	"PRECIPITATE LABOR"
"661.30"	"PRECIPITATE LABR UNS AS EPIS CARE"	"PRECIPITATE LABOR UNSPECIFIED AS TO EPISODE CARE"
"661.31"	"PRECIPITATE LABOR	WITH DELIVERY"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"661.33"	"PRECIPITATE LABOR	ANTEPARTUM"
"661.4"	"HYPERTONIC/PROLONGED UTERN CONTRACT"	"HYPERTON INCOORD/PROLONGED UTERINE CONTRACTIONS"
"661.40"	"HYPRTON/PROLNG UTERN CNTRCT UNS EOC"	"HYPERTON INCOORD/PROLNG UTERN CONTRACS UNS EOC"
"661.41"	"HYPERTON/PROLNG UTERN CONTRACT DEL"	"HYPERTON INCOORD/PROLONG UTERINE CONTRACS DELIV"
"661.43"	"HYPERTON/PROLNG UTRN CNTRCT ANTPRTM"	"HYPERTON INCOORD/PROLNG UTERINE CONTRACS ANTPRTM"
"661.9"	"UNSPECIFIED ABNORMALITY OF LABOR"	"UNSPECIFIED ABNORMALITY OF LABOR"
"661.90"	"UNS ABNORM LABR UNS AS EPIS CARE"	"UNSPEC ABNORMALITY LABOR UNSPEC AS EPISODE CARE"
"661.91"	"UNSPEC ABNORMALITY LABOR W/DELIVERY"	"UNSPECIFIED ABNORMALITY OF LABOR WITH DELIVERY"
"661.93"	"UNSPEC ABNORMALITY LABOR ANTEPARTUM"	"UNSPECIFIED ABNORMALITY OF LABOR ANTEPARTUM"
"662"	"LONG LABOR"	"LONG LABOR"
"662.0"	"PROLONGED FIRST STAGE OF LABOR"	"PROLONGED FIRST STAGE OF LABOR"
"662.00"	"PROLNG 1 STAGE LABR UNS EPIS CARE"	"PROLONGED 1 STAGE LABOR UNSPEC AS EPISODE CARE"
"662.01"	"PROLONGED 1 STAGE LABOR DELIVERED"	"PROLONGED FIRST STAGE OF LABOR DELIVERED"
"662.03"	"PROLONGED 1 STAGE LABOR ANTEPARTUM"	"PROLONGED FIRST STAGE OF LABOR ANTEPARTUM"
"662.1"	"UNSPECIFIED PROLONGED LABOR"	"UNSPECIFIED PROLONGED LABOR"
"662.10"	"UNS PROLNG LABR UNS AS EPIS CARE"	"UNSPEC PROLONGED LABOR UNSPEC AS EPISODE CARE"
"662.11"	"UNSPEC PROLONGED LABOR DELIVERED"	"UNSPECIFIED PROLONGED LABOR DELIVERED"
"662.13"	"UNSPEC PROLONGED LABOR ANTEPARTUM"	"UNSPECIFIED PROLONGED LABOR ANTEPARTUM"
"662.2"	"PROLONGED SECOND STAGE OF LABOR"	"PROLONGED SECOND STAGE OF LABOR"
"662.20"	"PROLNG 2 STAGE LABR UNS EPIS CARE"	"PROLONGED 2 STAGE LABOR UNSPEC AS EPISODE CARE"
"662.21"	"PROLONGED 2 STAGE LABOR DELIVERED"	"PROLONGED SECOND STAGE OF LABOR DELIVERED"
"662.23"	"PROLONGED 2 STAGE LABOR ANTEPARTUM"	"PROLONGED SECOND STAGE OF LABOR ANTEPARTUM"
"662.3"	"DELAYED DELIVERY 2 TWIN TRIPLET ETC"	"DELAYED DELIVERY OF SECOND TWIN TRIPLET ETC"
"662.30"	"DELAY DEL 2 TWIN TRIPLT ETC UNS EOC"	"DELAY DELIV 2 TWIN TRIPLT ETC UNS AS EPIS CARE"
"662.31"	"DELAY DELIV 2 TWIN TRIPLT ETC DELIV"	"DELAYED DELIVERY 2 TWIN TRIPLET ETC DELIVERED"
"662.33"	"DELAY DEL 2 TWIN TRIPLT ETC ANTPRTM"	"DELAYED DELIVERY 2 TWIN TRIPLET ETC ANTEPARTUM"
"663"	"UMBILICAL CORD COMPS DURING L&D"	"UMBILICAL CORD COMPLICATIONS DURING L&D"
"663.0"	"PROLAPSE OF CORD COMPLICATING L&D"	"PROLAPSE OF CORD COMPLICATING LABOR AND DELIVERY"
"663.00"	"PROLAPS CORD COMP L&D UNS EPIS CARE"	"PROLAPSE CORD COMP L&D UNSPEC AS EPISODE CARE"
"663.01"	"PROLAPSE CORD COMP L&D DELIVERED"	"PROLAPSE OF CORD COMPLICATING L&D DELIVERED"
"663.03"	"PROLAPSE CORD COMP L&D ANTPRTM"	"PROLAPSE OF CORD COMPLICATING L&D ANTEPARTUM"
"663.1"	"CORD AROUND NECK W/COMPRS COMP L&D"	"CORD AROUND NECK W/COMPRESSION COMPLICATING L&D"
"663.10"	"CORD AROUND NECK-COMPRS UNS EOC"	"CORD AROUND NCK W/COMPRS COMP L&D UNS EPIS CARE"
"663.11"	"CORD AROUND NECK-COMPRS DEL"	"CORD AROUND NECK W/COMPRS COMP L&D DELIVERED"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"663.13"	"CORD AROUND NECK-COMPRS ANTPRTM"	"CORD AROUND NECK W/COMPRESSION COMP L&D ANTPRTM"
"663.2"	"UNS CRD ENTANGL W/COMPRS COMP L&D"	"OTH&UNSPEC CORD ENTANGMENT W/COMPRS COMP L&D"
"663.20"	"OTH& UNS CORD-COMPRESS UNS EOC"	"UNS CRD ENTANGL W/COMPRS COMP L&D UNS EPIS CARE"
"663.21"	"OTH&UNS CORD-COMPPRS COMPL L&D DEL"	"OTH&UNSPEC CORD ENTANGL W/COMPRS COMP L&D DELIV"
"663.23"	"OTH&UNS CORD-COMPRS COMPL L&D ANTPR"	"OTH&UNS CORD ENTANGL W/COMPRS COMP L&D ANTPRTM"
"663.3"	"UNS CRD ENTANGL W/O COMPRS COMP L&D"	"OTH&UNS CORD ENTANGL W/O MENTION COMPRS COMP L&D"
"663.30"	"OTH&UNS CORD ENTANGLE UNS EOC"	"UNS CRD ENTANGL W/O COMPRS COMP L&D UNS EOC"
"663.31"	"OTH&UNS CORD ENTANGLE COMPL L&D DEL"	"OTH&UNS CRD ENTANGL W/O COMPRS COMP L&D DELIV"
"663.33"	"OTH&UNS CRD ENTANGL COMPL L&D ANTPR"	"OTH&UNS CRD ENTANGL W/O COMPRS COMP L&D ANTPRTM"
"663.4"	"SHORT CORD COMPLICATING L&D"	"SHORT CORD COMPLICATING LABOR AND DELIVERY"
"663.40"	"SHRT CORD COMP L&D UNS AS EPIS CARE"	"SHORT CORD COMP L&D UNSPEC AS EPISODE CARE"
"663.41"	"SHORT CORD COMP L&D DELIVERED"	"SHORT CORD COMPLICATING L&D DELIVERED"
"663.43"	"SHORT CORD COMPLICATING L&D ANTPRTM"	"SHORT CORD COMPLICATING L&D ANTEPARTUM"
"663.5"	"VASA PREVIA COMPLICATING L&D"	"VASA PREVIA COMPLICATING LABOR AND DELIVERY"
"663.50"	"VASA PREVIA COMP L&D UNS EPIS CARE"	"VASA PREVIA COMP L&D UNSPEC AS EPISODE CARE"
"663.51"	"VASA PREVIA COMP L&D DELIVERED"	"VASA PREVIA COMPLICATING L&D DELIVERED"
"663.53"	"VASA PREVIA COMP L&D ANTPRTM"	"VASA PREVIA COMPLICATING L&D ANTEPARTUM"
"663.6"	"VASCULAR LESIONS CORD COMP L&D"	"VASCULAR LESIONS OF CORD COMPLICATING L&D"
"663.60"	"VASC LES CRD COMP L&D UNS EPIS CARE"	"VASCULAR LES CORD COMP L&D UNSPEC AS EPIS CARE"
"663.61"	"VASCULAR LES CORD COMP L&D DELIV"	"VASCULAR LESIONS CORD COMPLICATING L&D DELIVERED"
"663.63"	"VASCULAR LES CORD COMP L&D ANTPRTM"	"VASCULAR LESIONS CORD COMPLICATING L&D ANTPRTM"
"663.8"	"OTH UMBILICAL CORD COMPS DURING L&D"	"OTHER UMBILICAL CORD COMPLICATIONS DURING L&D"
"663.80"	"OTH UMB CRD COMPS DUR L&D UNS EOC"	"OTH UMB CORD COMPS DUR L&D UNSPEC AS EPIS CARE"
"663.81"	"OTH UMB CORD COMPS DURING L&D DELIV"	"OTH UMBILICAL CORD COMPS DURING L&D DELIVERED"
"663.83"	"OTH UMB CORD COMPS DUR L&D ANTPRTM"	"OTH UMBILICAL CORD COMPS DURING L&D ANTPRTM"
"663.9"	"UNSPEC UMB CORD COMP DURING L&D"	"UNSPEC UMBILICAL CORD COMPLICATION DURING L&D"
"663.90"	"UNS UMB CRD COMP DUR L&D UNS EOC"	"UNSPEC UMB CORD COMP DUR L&D UNSPEC AS EPIS CARE"
"663.91"	"UNSPEC UMB CORD COMP DUR L&D DELIV"	"UNSPEC UMBILICAL CORD COMP DURING L&D DELIVERED"
"663.93"	"UNS UMB CORD COMP DUR L&D ANTPRTM"	"UNSPEC UMBILICAL CORD COMP DURING L&D ANTPRTM"
"664"	"TRAUMA PERINEUM&VULVA DURING DELIV"	"TRAUMA TO PERINEUM AND VULVA DURING DELIVERY"
"664.0"	"1-DEG PERINL LACERATION DUR DELIV"	"FIRST-DEGREE PERINEAL LACERATION DURING DELIVERY"
"664.00"	"1-DEG PERINL LAC UNS EPIS CARE PG"	"1-DEG PERINL LACERATION UNSPEC AS EPIS CARE PG"
"664.01"	"1-DEG PERINEAL LACERATION W/DELIV"	"FIRST-DEGREE PERINEAL LACERATION WITH DELIVERY"
"664.04"	"1-DEG PERINL LACERATION POSTPARTUM"	"FIRST-DEGREE PERINEAL LACERATION POSTPARTUM"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"664.1"	"2-DEG PERINL LACERATION DUR DELIV"	"2-DEGREE PERINEAL LACERATION DURING DELIVERY"
"664.10"	"2-DEG PERINL LAC UNS EPIS CARE PG"	"2-DEG PERINL LACERATION UNSPEC AS EPIS CARE PG"
"664.11"	"2-DEG PERINEAL LACERATION W/DELIV"	"SECOND-DEGREE PERINEAL LACERATION WITH DELIVERY"
"664.14"	"2-DEG PERINL LACERATION POSTPARTUM"	"SECOND-DEGREE PERINEAL LACERATION POSTPARTUM"
"664.2"	"THIRD-DEG PERINL LAC DUR DELIV"	"THIRD-DEGREE PERINEAL LACERATION DURING DELIVERY"
"664.20"	"THIRD-DEG PERINL LAC UNS EOC PG"	"THIRD-DEG PERINL LAC UNSPEC AS EPIS CARE PG"
"664.21"	"THIRD-DEG PERINL LACERATION W/DELIV"	"THIRD-DEGREE PERINEAL LACERATION WITH DELIVERY"
"664.24"	"THIRD-DEG PERINL LACERATION PP"	"THIRD-DEGREE PERINEAL LACERATION POSTPARTUM"
"664.3"	"FOURTH-DEG PERINL LAC DUR DELIV"	"FOURTH-DEG PERINEAL LACERATION DURING DELIVERY"
"664.30"	"FOURTH-DEG PERINL LAC UNS EOC PG"	"FOURTH-DEG PERINL LAC UNSPEC AS EPIS CARE PG"
"664.31"	"FOURTH-DEG PERINL LACERATION DELIV"	"FOURTH-DEGREE PERINEAL LACERATION WITH DELIVERY"
"664.34"	"FOURTH-DEG PERINL LACERATION PP"	"FOURTH-DEGREE PERINEAL LACERATION POSTPARTUM"
"664.4"	"UNSPEC PERINL LACERATION DUR DELIV"	"UNSPECIFIED PERINEAL LACERATION DURING DELIVERY"
"664.40"	"UNS PERINL LAC UNS AS EPIS CARE PG"	"UNSPEC PERINL LACERATION UNSPEC AS EPIS CARE PG"
"664.41"	"UNSPEC PERINEAL LACERATION W/DELIV"	"UNSPECIFIED PERINEAL LACERATION WITH DELIVERY"
"664.44"	"UNSPEC PERINL LACERATION POSTPARTUM"	"UNSPECIFIED PERINEAL LACERATION POSTPARTUM"
"664.5"	"VULVAR&PERINEAL HEMAT DURING DELIV"	"VULVAR AND PERINEAL HEMATOMA DURING DELIVERY"
"664.50"	"VULVAR&PERINL HEMAT UNS EOC PG"	"VULVAR&PERINL HEMAT UNSPEC AS EPIS CARE PG"
"664.51"	"VULVAR&PERINEAL HEMATOMA W/DELIVERY"	"VULVAR AND PERINEAL HEMATOMA WITH DELIVERY"
"664.54"	"VULVAR&PERINEAL HEMATOMA POSTPARTUM"	"VULVAR AND PERINEAL HEMATOMA POSTPARTUM"
"664.8"	"OTH TRAUMA PERIN&VULVA DUR DELIV"	"OTHER SPEC TRAUMA PERINEUM&VULVA DURING DELIVERY"
"664.80"	"OTH TRAUMA PERIN&VULVA UNS EOC PG"	"OTH SPEC TRAUMA PERIN&VULVA UNS AS EPIS CARE PG"
"664.81"	"OTH SPEC TRAUMA PERIN&VULVA W/DELIV"	"OTHER SPECIFIED TRAUMA PERINEUM&VULVA W/DELIVERY"
"664.84"	"OTH SPEC TRAUMA PERIN&VULVA PP"	"OTHER SPECIFIED TRAUMA PERINEUM&VULVA POSTPARTUM"
"664.9"	"UNSPEC TRAUMA PERIN&VULVA DUR DELIV"	"UNSPEC TRAUMA PERINEUM&VULVA DURING DELIVERY"
"664.90"	"UNS TRAUMA PERIN&VULVA UNS EOC PG"	"UNSPEC TRAUMA PERIN&VULVA UNSPEC AS EPIS CARE PG"
"664.91"	"UNSPEC TRAUMA PERIN&VULVA W/DELIV"	"UNSPECIFIED TRAUMA TO PERINEUM&VULVA W/DELIVERY"
"664.94"	"UNSPEC TRAUMA PERIN&VULVA PP"	"UNSPECIFIED TRAUMA TO PERINEUM&VULVA POSTPARTUM"
"665"	"OTHER OBSTETRICAL TRAUMA"	"OTHER OBSTETRICAL TRAUMA"
"665.0"	"RUPTURE UTERUS BEFORE ONSET LABOR"	"RUPTURE OF UTERUS BEFORE ONSET OF LABOR"
"665.00"	"RUP UTRUS BEFORE ONSET LABR UNS EOC"	"RUP UTERUS BEFORE ONSET LABR UNSPEC AS EPIS CARE"
"665.01"	"RUP UTERUS BEFORE ONSET LABR DELIV"	"RUPTURE UTERUS BEFORE ONSET LABOR W/DELIVERY"
"665.03"	"RUP UTRUS BEFORE ONSET LABR ANTPRTM"	"RUPTURE UTERUS BEFORE ONSET LABOR ANTEPARTUM"
"665.1"	"RUPTURE UTERUS DURING&AFTER LABOR"	"RUPTURE OF UTERUS DURING AND AFTER LABOR"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"665.10"	"RUP UTERUS DUR LABR UNSPEC AS EPIS"	"RUPTURE UTERUS DURING LABOR UNSPEC AS EPISODE"
"665.11"	"RUPTURE UTERUS DURING LABOR W/DELIV"	"RUPTURE OF UTERUS DURING LABOR WITH DELIVERY"
"665.2"	"OBSTETRICAL INVERSION OF UTERUS"	"OBSTETRICAL INVERSION OF UTERUS"
"665.20"	"INVERSION UTRUS UNS AS EPIS CARE PG"	"INVERSION UTERUS UNSPEC AS EPIS CARE PREGNANCY"
"665.22"	"INVERSION UTERUS DELIVERED W/PPC"	"INVERSION UTERUS DELIVERED W/PPC"
"665.24"	"INVERSION OF UTERUS"	POSTPARTUM"
"665.3"	"OBSTETRICAL LACERATION OF CERVIX"	"OBSTETRICAL LACERATION OF CERVIX"
"665.30"	"LAC CERV UNSPEC AS EPIS CARE PG"	"LACERATION CERV UNSPEC AS EPISODE CARE PREGNANCY"
"665.31"	"LACERATION OF CERVIX"	WITH DELIVERY"
"665.34"	"LACERATION OF CERVIX"	POSTPARTUM"
"665.4"	"HIGH VAG LACERATION DUR&AFTER LABOR"	"HIGH VAGINAL LACERATION DURING AND AFTER LABOR"
"665.40"	"HI VAG LAC UNSPEC AS EPIS CARE PG"	"HIGH VAGINAL LACERATION UNSPEC AS EPIS CARE PG"
"665.41"	"HIGH VAGINAL LACERATION W/DELIVERY"	"HIGH VAGINAL LACERATION WITH DELIVERY"
"665.44"	"HIGH VAGINAL LACERATION"	POSTPARTUM"
"665.5"	"OTH OB INJURY PELVIC ORGANS"	"OTHER OBSTETRICAL INJURY TO PELVIC ORGANS"
"665.50"	"OTH INJR PELV ORGN UNS EPIS CARE PG"	"OTH INJURY PELV ORGN UNSPEC AS EPIS CARE PG"
"665.51"	"OTH INJURY PELVIC ORGANS W/DELIVERY"	"OTHER INJURY TO PELVIC ORGANS WITH DELIVERY"
"665.54"	"OTH INJURY PELVIC ORGANS POSTPARTUM"	"OTHER INJURY TO PELVIC ORGANS POSTPARTUM"
"665.6"	"OBSTETRICAL DAMGE PELVIC JNT&LIG"	"OBSTETRICAL DAMAGE TO PELVIC JOINTS&LIGAMENTS"
"665.60"	"DAMGE PELV JNT&LIG UNS EPIS CARE PG"	"DAMGE PELV JNT&LIG UNSPEC AS EPIS CARE PREGNANCY"
"665.61"	"DAMGE PELVIC JNT&LIGAMENTS W/DELIV"	"DAMAGE TO PELVIC JOINTS AND LIGAMENTS W/DELIVERY"
"665.64"	"DAMGE PELVIC JNT&LIG POSTPARTUM"	"DAMAGE TO PELVIC JOINTS AND LIGAMENTS POSTPARTUM"
"665.7"	"OBSTETRICAL PELVIC HEMATOMA"	"OBSTETRICAL PELVIC HEMATOMA"
"665.70"	"PELVIC HEMATOMA UNSPEC AS EPIS CARE"	"PELVIC HEMATOMA UNSPECIFIED AS TO EPISODE CARE"
"665.71"	"PELVIC HEMATOMA"	WITH DELIVERY"
"665.72"	"PELVIC HEMATOMA DELIVERED W/PPC"	"PELVIC HEMATOMA DELIVERED W/PPC"
"665.74"	"PELVIC HEMATOMA"	POSTPARTUM"
"665.8"	"OTHER SPECIFIED OBSTETRICAL TRAUMA"	"OTHER SPECIFIED OBSTETRICAL TRAUMA"
"665.80"	"OTH SPEC OB TRAUMA UNS AS EPIS CARE"	"OTH SPEC OBSTETRICAL TRAUMA UNSPEC AS EPIS CARE"
"665.81"	"OTH SPEC OBSTETRICAL TRAUMA W/DELIV"	"OTHER SPECIFIED OBSTETRICAL TRAUMA WITH DELIVERY"
"665.82"	"OTH SPEC OB TRAUMA DELIV W/PP"	"OTH SPEC OBSTETRICAL TRAUMA DELIV W/POSTPARTUM"
"665.83"	"OTH SPEC OBSTETRICAL TRAUMA ANTPRTM"	"OTHER SPECIFIED OBSTETRICAL TRAUMA ANTEPARTUM"
"665.84"	"OTH SPEC OB TRAUMA POSTPARTUM"	"OTHER SPECIFIED OBSTETRICAL TRAUMA POSTPARTUM"
"665.9"	"UNSPECIFIED OBSTETRICAL TRAUMA"	"UNSPECIFIED OBSTETRICAL TRAUMA"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"665.90"	"UNS OB TRAUMA UNS AS EPIS CARE"	"UNSPEC OBSTETRICAL TRAUMA UNSPEC AS EPISODE CARE"
"665.91"	"UNSPEC OBSTETRICAL TRAUMA W/DELIV"	"UNSPECIFIED OBSTETRICAL TRAUMA WITH DELIVERY"
"665.92"	"UNSPEC OB TRAUMA DELIV W/PPC"	"UNSPECIFIED OBSTETRICAL TRAUMA DELIVERED W/PPC"
"665.93"	"UNSPEC OBSTETRICAL TRAUMA ANTPRTM"	"UNSPECIFIED OBSTETRICAL TRAUMA ANTEPARTUM"
"665.94"	"UNSPEC OB TRAUMA POSTPARTUM"	"UNSPECIFIED OBSTETRICAL TRAUMA POSTPARTUM"
"666"	"POSTPARTUM HEMORRHAGE"	"POSTPARTUM HEMORRHAGE"
"666.0"	"THIRD-STAGE POSTPARTUM HEMORRHAGE"	"THIRD-STAGE POSTPARTUM HEMORRHAGE"
"666.00"	"THIRD-STAGE PP HEMORR UNS EPIS CARE"	"THIRD-STAGE PP HEMORR UNSPEC AS EPIS CARE"
"666.02"	"THIRD-STAGE PP HEMORR W/DELIV"	"THIRD-STAGE POSTPARTUM HEMORRHAGE WITH DELIVERY"
"666.04"	"THIRD-STAGE PP HEMORR PP"	"THIRD-STAGE POSTPARTUM HEMORRHAGE POSTPARTUM"
"666.1"	"OTH IMMEDIATE POSTPARTUM HEMORRHAGE"	"OTHER IMMEDIATE POSTPARTUM HEMORRHAGE"
"666.10"	"OTH IMMED PP HEMORR UNS EPIS CARE"	"OTH IMMEDIATE PP HEMORR UNSPEC AS EPIS CARE"
"666.12"	"OTH IMMEDIATE PP HEMORR W/DELIV"	"OTHER IMMEDIATE POSTPARTUM HEMORRHAGE W/DELIVERY"
"666.14"	"OTH IMMEDIATE PP HEMORR PP"	"OTHER IMMEDIATE POSTPARTUM HEMORRHAGE POSTPARTUM"
"666.2"	"DELAYED&SEC POSTPARTUM HEMORRHAGE"	"DELAYED AND SECONDARY POSTPARTUM HEMORRHAGE"
"666.20"	"DELAY&SEC PP HEMORR UNS EPIS CARE"	"DELAY&SEC POSTPARTUM HEMORR UNSPEC AS EPIS CARE"
"666.22"	"DELAY&SEC POSTPARTUM HEMORR W/DELIV"	"DELAYED AND SEC POSTPARTUM HEMORRHAGE W/DELIVERY"
"666.24"	"DELAY&SEC PP HEMORR PP"	"DELAYED AND SEC POSTPARTUM HEMORRHAGE POSTPARTUM"
"666.3"	"POSTPARTUM COAGULATION DEFECTS"	"POSTPARTUM COAGULATION DEFECTS"
"666.30"	"PP COAGULAT DEFEC UNS AS EPIS CARE"	"POSTPARTUM COAGULAT DEFEC UNSPEC AS EPISODE CARE"
"666.32"	"POSTPARTUM COAGULAT DEFEC W/DELIV"	"POSTPARTUM COAGULATION DEFECTS WITH DELIVERY"
"666.34"	"PP COAGULAT DEFEC PP"	"POSTPARTUM COAGULATION DEFECTS POSTPARTUM"
"667"	"RETAIN PLACENTA/MEMB WITHOUT HEMORR"	"RETAINED PLACENTA/MEMBRANES WITHOUT HEMORRHAGE"
"667.0"	"RETAINED PLACENTA WITHOUT HEMORR"	"RETAINED PLACENTA WITHOUT HEMORRHAGE"
"667.00"	"RETN PLACNTA W/O HEMOR UNS EOC"	"RETAIN PLACENTA W/O HEMORR UNSPEC AS EPIS CARE"
"667.02"	"RETN PLACNTA W/O HEMOR DELIV W/ PPC"	"RETN PLACNTA W/O HEMORR DEL W/MENTION PP COMPL"
"667.04"	"RETN PLACNTA W/O HEMOR PP COND/COMP"	"RETAINED PLACENTA WITHOUT HEMORR PP COND/COMP"
"667.1"	"RETN PRTNS PLACNTA/MEMB W/O HEMORR"	"RETAINED PRTNS PLACENTA/MEMBRANES WITHOUT HEMORR"
"667.10"	"RETN PLACNTA/MEMB NO HEM UNS EOC"	"RETN PORTIONS PLACNTA/MEMB W/O HEMORR UNS EOC"
"667.12"	"RETN PLCNTA/MEMB NO HEM DEL W/COMPL"	"RETN PORTIONS PLCNTA/MEMB W/O HEMORR DEL W/COMPL"
"667.14"	"RETN PLACNTA/MEMB NO HEM PP COMPL"	"RETN PORTIONS PLACNTA/MEMB W/O HEMOR PP COMPL"
"668"	"COMPS ADMN ANESTHETIC/OTH SEDAT L&D"	"COMPLICATIONS ADMIN ANESTHETIC/OTH SEDATION L&D"
"668.0"	"PULM COMPL ADMIN ANES/OTH SEDAT L&D"	"PULM COMPL ADMIN ANESESSTHESIA/OTH SEDATION L&D"
"668.00"	"PULM COMPL ADMN ANES L&D UNS EOC"	"PULM COMPL ADMN ANES/OTH SEDATION L&D UNS EOC"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"668.01"	"PULM COMPL ADMIN ANES/SEDAT L&D DEL"	"PULM COMPL ADMIN ANES/OTH SEDATION L&D DEL"
"668.02"	"PULM COMPL ADMIN ANES DEL W/PPC"	"PULM COMPL ADMIN ANES/OTH SEDAT DEL W/PP COMPL"
"668.03"	"PULM COMPL ADMN ANES L&D ANTPRTM"	"PULM COMPL ADMN ANES/OTH SEDATION L&D ANTPRTM"
"668.04"	"PULM COMPL ADMIN ANES L&D PP"	"PULM COMPL ADMIN ANES/OTH SEDATION L&D PP"
"668.1"	"CARD COMPL ADMIN ANES/OTH SEDAT L&D"	"CARD COMPL ADMIN ANESTHESIA/OTH SEDATION L&D"
"668.10"	"CARD COMPL ADMN ANES L&D UNS EOC"	"CARD COMPL ADMN ANES/OTH SEDAT L&D UNS EOC"
"668.11"	"CARD COMPL ADMIN ANES L&D DEL"	"CARD COMPL ADMIN ANES/OTH SEDATION L&D DEL"
"668.12"	"CARD COMPL ADMIN ANES L&D-DEL W/PPC"	"CARD COMPL ADMIN ANES/SEDAT L&D-DEL W/PP COMPL"
"668.13"	"CARD COMPL ADMN ANES L&D ANTPARTUM"	"CARD COMPL ADMN ANES/OTH SEDAT L&D ANTPARTUM"
"668.14"	"CARD COMPL ADMIN ANES/SEDAT L&D PP"	"CARD COMPL ADMIN ANES/OTH SEDATION L&D PP"
"668.2"	"CNA COMPL ADMIN ANES/SEDAT L&D"	"CNA COMPL ADMIN ANESTHESIA/OTH SEDATION L&D"
"668.20"	"CNA COMPL ADMN ANES L&D DEL UNS EOC"	"CNA COMPL ADMN ANES/OTH SEDAT L&D DEL UNS EOC"
"668.21"	"CNA COMPL ADMIN ANES/SEDAT L&D DEL"	"CNA COMPL ADMIN ANES/OTH SEDATION L&D DEL"
"668.22"	"CNA COMPL ADMIN ANES L&D DEL W/PPC"	"CNA COMPL ADMIN ANES/SEDAT L&D DEL W/PP COMPL"
"668.23"	"CNA COMPL ADMIN ANES L&D ANTEPARTUM"	"CNA COMPL ADMIN ANES/OTH SEDAT L&D ANTEPARTUM"
"668.24"	"CNA COMPL ADMIN ANES/SEDAT L&D PP"	"CNA COMPL ADMIN ANES/OTH SEDAT L&D PP"
"668.8"	"OTH COMPL ADMIN ANES/OTH SEDAT L&D"	"OTH COMPL ADMIN ANESTHESIA/OTH SEDATION L&D"
"668.80"	"OTH COMPL ADMN ANES L&D UNS EOC"	"OTH COMPL ADMN ANES/OTH SEDAT L&D UNS EOC"
"668.81"	"OTH COMPL ADMIN ANES/SEDAT L&D DEL"	"OTH COMPL ADMIN ANES/OTH SEDATION L&D DEL"
"668.82"	"OTH COMPL ADMN ANES/SEDAT-DEL W/PPC"	"OTH COMPL ADMN ANES/OTH SEDAT DEL W/PP COMPL"
"668.83"	"OTH COMPL ADMIN ANES L&D ANTEPARTUM"	"OTH COMPL ADMIN ANES/OTH SEDAT L&D ANTEPARTUM"
"668.84"	"OTH COMPL ADMIN ANES/SEDAT L&D PP"	"OTH COMPL ADMIN ANES/OTH SEDATION L&D PP"
"668.9"	"UNS COMPL ADMIN ANES/OTH SEDAT L&D"	"UNS COMPL ADMIN ANESTHESIA/OTH SEDATION L&D"
"668.90"	"UNS COMPL ADMIN ANES L&D UNS EOC"	"UNS COMPL ADMIN ANES/OTH SEDATION L&D UNS EOC"
"668.91"	"UNS COMPL ADMIN ANES/SEDAT L&D DEL"	"UNS COMPL ADMIN ANES/OTH SEDATION L&D DEL"
"668.92"	"UNS COMPL ADMN ANES/SEDAT DEL W/PPC"	"UNS COMP ADMN ANESTHESIA/OTH SEDAT L&D DEL W/PPC"
"668.93"	"UNS COMPL ADMIN ANES L&D ANTEPARTUM"	"UNS COMPL ADMIN ANES/OTH SEDAT L&D ANTEPARTUM"
"668.94"	"UNS COMPL ADMIN ANES/SEDAT L&D PP"	"UNS COMPL ADMIN ANES/OTH SEDATION L&D PP"
"669"	"OTHER COMPLICATIONS OF L&D NEC"	"OTHER COMPLICATIONS OF L&D NEC"
"669.0"	"MATERNAL DISTRESS"	"MATERNAL DISTRESS"
"669.00"	"MTRN DISTRESS COMP L&D UNS EOC"	"MATERNAL DISTRESS COMP L&D UNSPEC AS EPIS CARE"
"669.01"	"MTRN DISTRSS DEL W/WO ANTPRTM COND"	"MTRN DISTRESS W/DELIV W/WO MENTION ANTPRTM COND"
"669.02"	"MTRN DISTRESS W/DELIV W/MENTION PPC"	"MATERNAL DISTRESS W/DELIVERY W/MENTION PPC"
"669.03"	"MTRN DISTRESS COMP L&D ANTPRTM COMP"	"MATERNAL DISTRESS COMP L&D ANTPRTM COND/COMP"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"669.04"	"MTRN DISTRESS COMP L&D PP COND/COMP"	"MATERNAL DISTRESS COMP L&D POSTPARTUM COND/COMP"
"669.1"	"SHOCK DURING OR FOLLOWING L&D"	"SHOCK DURING OR FOLLOWING LABOR AND DELIVERY"
"669.10"	"SHOCK DUR/FOLLOW L&D UNS EPIS CARE"	"SHOCK DURING/FOLLOWING L&D UNSPEC AS EPIS CARE"
"669.11"	"SHOCK DURING/FOLLOW L&D W/DELIVERY"	"SHOCK DURING/FOLLOW L&D W/DEL W/W/O ANTPRTM COND"
"669.12"	"SHOCK DUR/FLW L&D DELIV W/ PPC"	"SHOCK DURING/FOLLOWING L&D W/DELIV W/MENTION PPC"
"669.13"	"SHOCK DUR/FOLLOW L&D ANTPRTM SHOCK"	"SHOCK DURING OR FOLLOWING L&D ANTEPARTUM SHOCK"
"669.14"	"SHOCK DURING/FOLLOW L&D PP SHOCK"	"SHOCK DURING OR FOLLOWING L&D POSTPARTUM SHOCK"
"669.2"	"MATERNAL HYPOTENSION SYNDROME"	"MATERNAL HYPOTENSION SYNDROME"
"669.20"	"MTRN HYPOTENS SYND COMP L&D UNS EOC"	"MTRN HYPOTENS SYND COMP L&D UNSPEC AS EPIS CARE"
"669.21"	"MATERNL HYPOTENSION SYNDROME W/DEL"	"MAT HYPOTENSION SYND W/DEL W/W/O ANTPRTM COND"
"669.22"	"MTRN HYPOTENS SYND DELIV W/ PPC"	"MATERNAL HYPOTENS SYNDROME W/DELIV W/MENTION PPC"
"669.23"	"MATERNAL HYPOTENS SYNDROME ANTPRTM"	"MATERNAL HYPOTENSION SYNDROME ANTEPARTUM"
"669.24"	"MTRN HYPOTENS SYNDROME POSTPARTUM"	"MATERNAL HYPOTENSION SYNDROME POSTPARTUM"
"669.3"	"ACUTE RENAL FAILURE FOLLOWING L&D"	"ACUTE RENAL FAILURE FOLLOWING LABOR AND DELIVERY"
"669.30"	"ACUT RENL FAIL FLW L&D UNS EOC"	"ACUTE RENAL FAIL FOLLOW L&D UNSPEC AS EPIS CARE"
"669.32"	"ACUT RENAL FAIL DELIV W/MENTION PPC"	"ACUTE RENAL FAILURE W/DELIVERY W/MENTION PPC"
"669.34"	"ACUT RENL FAIL FLW L&D PP COND/COMP"	"ACUTE RENAL FAIL FOLLOW L&D POSTPARTUM COND/COMP"
"669.4"	"OTH COMPS OBSTETRICAL SURGERY&PROC"	"OTHER COMPLICATIONS OBSTETRICAL SURGERY&PROC"
"669.40"	"OTH COMPS OB SURG&PROC UNS EOC"	"OTH COMPS OB SURGERY&PROC UNSPEC AS EPIS CARE"
"669.41"	"OTH COMPL OB SURG&PROC W/DELIVERY"	"OTH COMPL OB SURG&PROC DELIV W/WO ANTPRTM COND"
"669.42"	"OTH COMPS OB SURG&PROC DELIV W/ PPC"	"OTH COMPL OB SURG&PROC W/DEL W/MENTION PP COMPL"
"669.43"	"OTH COMPS OB SURG&PROC ANTPRTM COMP"	"OTH COMPS OB SURGERY&PROC ANTPRTM COND/COMP"
"669.44"	"OTH COMPS OB SURG&PROC PP COND/COMP"	"OTH COMPS OB SURGERY&PROC POSTPARTUM COND/COMP"
"669.5"	"FORCEPS/VAC EXT DELIV W/O INDICAT"	"FORCEPS/VAC EXT DELIV WITHOUT MENTION INDICATION"
"669.50"	"FORCP/VAC EXT DEL NO INDICAT UNS EOC"	"FORCEPS/VAC EXT DELIV W/O INDICAT UNS EPIS CARE"
"669.51"	"FORCEPS/VAC EXT DEL NO INDICAT DEL "	"FORCEPS/EXTRACTOR DEL W/O INDICATION-DELIVERED"
"669.6"	"BREECH EXTRAC W/O MENTION INDICAT"	"BREECH EXTRACTION WITHOUT MENTION OF INDICATION"
"669.60"	"BREECH XTRAC W/O INDICAT UNS EOC"	"BREECH XTRAC W/O MENTION INDICAT UNS EPIS CARE"
"669.61"	"BREECH XTRAC W/O MEN INDICAT DEL "	"BREECH XTRAC W/O INDICAT DELIV W/WO ANTPRTM COND"
"669.7"	"C-SECT DELIV W/O MENTION INDICAT"	"CESAREAN DELIVERY WITHOUT MENTION OF INDICATION"
"669.70"	"C/S DELIV W/O INDICAT UNS EPIS CARE"	"C/S DELIV W/O MENTION INDICAT UNS AS EPIS CARE"
"669.71"	"C/S DEL W/O MEN INDICAT DELIVERED"	"C/S DELIV W/O INDICAT DELIV W/WO ANTPRTM COND"
"669.8"	"OTHER COMPLICATIONS OF L&D"	"OTHER COMPLICATIONS OF LABOR AND DELIVERY"
"669.80"	"OTH COMP L&D UNSPEC AS EPISODE CARE"	"OTHER COMPLICATION L&D UNSPEC AS EPISODE CARE"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"669.81"	"OTH COMP L&D DEL W/VO ANTPRTM COND"	"OTH COMP L&D DELIVERED W/VO MENTION ANTPRTM COND"
"669.82"	"OTH COMP L&D DELIV W/MENTION PPC"	"OTHER COMPLICATION L&D DELIVERED W/MENTION PPC"
"669.83"	"OTH COMP L&D ANTPRTM COND/COMP"	"OTH COMPLICATION L&D ANTPRTM COND/COMPLICATION"
"669.84"	"OTH COMP L&D POSTPARTUM COND/COMP"	"OTH COMP L&D POSTPARTUM COND/COMP"
"669.9"	"UNSPECIFIED COMPLICATION OF L&D"	"UNSPECIFIED COMPLICATION OF LABOR AND DELIVERY"
"669.90"	"UNSPEC COMP L&D UNSPEC AS EPIS CARE"	"UNSPEC COMPLICATION L&D UNSPEC AS EPISODE CARE"
"669.91"	"UNS COMP L&D DEL W/VO ANTPRTM COND"	"UNSPEC COMP L&D DELIV W/VO MENTION ANTPRTM COND"
"669.92"	"UNSPEC COMP L&D DELIV W/MENTION PPC"	"UNSPEC COMPLICATION L&D W/DELIVERY W/MENTION PPC"
"669.93"	"UNSPEC COMP L&D ANTPRTM COND/COMP"	"UNSPEC COMP L&D ANTPRTM COND/COMP"
"669.94"	"UNSPEC COMP L&D PP COND/COMP"	"UNSPEC COMP L&D POSTPARTUM COND/COMP"
"67"	"OPERATIONS ON CERVIX"	"OPERATIONS ON CERVIX"
"67.0"	"DILATION OF CERVICAL CANAL"	"DILATION OF CERVICAL CANAL"
"67.1"	"DIAGNOSTIC PROCEDURES ON CERVIX"	"DIAGNOSTIC PROCEDURES ON CERVIX"
"67.11"	"ENDOCERVICAL BIOPSY"	"ENDOCERVICAL BIOPSY"
"67.12"	"OTHER CERVICAL BIOPSY"	"OTHER CERVICAL BIOPSY"
"67.19"	"OTHER DIAGNOSTIC PROCEDURES CERVIX"	"OTHER DIAGNOSTIC PROCEDURES ON CERVIX"
"67.2"	"CONIZATION OF CERVIX"	"CONIZATION OF CERVIX"
"67.3"	"OTH EXC/DESTRUC LESION/TISSUE CERV"	"OTHER EXCISION/DESTRUCTION LESION/TISSUE CERVIX"
"67.31"	"MARSUPIALIZATION OF CERVICAL CYST"	"MARSUPIALIZATION OF CERVICAL CYST"
"67.32"	"DESTRUCTION LESION CERVIX CAUT"	"DESTRUCTION OF LESION OF CERVIX BY CAUTERIZATION"
"67.33"	"DESTRUCTION LESION CERV CRYOSURGERY"	"DESTRUCTION OF LESION OF CERVIX BY CRYOSURGERY"
"67.39"	"OTH EXC/DESTRUC LESION/TISSUE CERV"	"OTHER EXCISION/DESTRUCTION LESION/TISSUE CERVIX"
"67.4"	"AMPUTATION OF CERVIX"	"AMPUTATION OF CERVIX"
"67.5"	"REPAIR OF INTERNAL CERVICAL OS"	"REPAIR OF INTERNAL CERVICAL OS"
"67.51"	"TRANSABDOMINAL CERCLAGE OF CERVIX"	"TRANSABDOMINAL CERCLAGE OF CERVIX"
"67.59"	"OTHER REPAIR OF CERVICAL OS"	"OTHER REPAIR OF CERVICAL OS"
"67.6"	"OTHER REPAIR OF CERVIX"	"OTHER REPAIR OF CERVIX"
"67.61"	"SUTURE OF LACERATION OF CERVIX"	"SUTURE OF LACERATION OF CERVIX"
"67.62"	"REPAIR OF FISTULA OF CERVIX"	"REPAIR OF FISTULA OF CERVIX"
"67.69"	"OTHER REPAIR OF CERVIX"	"OTHER REPAIR OF CERVIX"
"670"	"MAJOR PUERPERAL INFECTION"	"MAJOR PUERPERAL INFECTION"
"670.0"	"MAJOR PUERPERAL INFECTION"	"MAJOR PUERPERAL INFECTION"
"670.00"	"MAJ PUERPERAL INF UNS AS EPIS CARE"	"MAJOR PUERPERAL INFECTION UNSPEC AS EPISODE CARE"
"670.02"	"MAJ PUERPERAL INF DELIV W/ PPC"	"MAJOR PUERPERAL INFECTION DELIV W/MENTION PPC"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"670.04"	"MAJOR PUERPERAL INF POSTPARTUM"	"MAJOR PUERPERAL INFECTION POSTPARTUM"
"671"	"VENOUS COMPS PG&THE PUERPERIUM"	"VENOUS COMPLICATIONS IN PREGNANCY&THE PUERPERIUM"
"671.0"	"VARICOSE VNS LEGS PG&THE PUERPERIUM"	"VARICOSE VEINS OF LEGS PREGNANCY&THE PUERPERIUM"
"671.00"	"VARICOS VNS LEGS COMP PG&PP UNS EOC"	"VARICOSE VNS LEGS COMP PG&THE PUERPERIUM UNS EOC"
"671.01"	"VARICOSE VEINS LEGS W/DELIVERY"	"VARICOSE VNS LEGS DELIV W/WO ANTPRTM COND"
"671.02"	"VARICOSE VNS LEGS DELIV W/ PPC"	"VARICOSE VEINS LEGS W/DELIVERY W/MENTION PPC"
"671.03"	"VARICOSE VEINS OF LEGS	ANTEPARTUM"
"671.04"	"VARICOSE VEINS OF LEGS	POSTPARTUM"
"671.1"	"VARICOS VNS VULVA&PERIN PG&PP"	"VARICOSE VEINS VULVA&PERIN PG&THE PUERPERIUM"
"671.10"	"VRICOS VNS VULV COMPL PG&PP UNS EOC"	"VARICOS VNS VULVA&PERIN COMP PG&PP UNS EOC"
"671.11"	"VARICOSE VEINS VULVA&PERINEUM W/DEL"	"VARICOSE VNS VULVA&PERIN DELIV W/WO ANTPRTM COND"
"671.12"	"VARICOS VNS VULVA&PERIN DELIV W/PPC"	"VARICOSE VEINS VULVA&PERIN W/DELIV W/MENTION PPC"
"671.13"	"VARICOSE VEINS VULVA&PERIN ANTPRTM"	"VARICOSE VEINS OF VULVA AND PERINEUM ANTEPARTUM"
"671.14"	"VARICOSE VEINS VULVA&PERIN PP"	"VARICOSE VEINS OF VULVA AND PERINEUM POSTPARTUM"
"671.2"	"SUP THROMBOPHLEB PG&THE PUERPERIUM"	"SUPERFICIAL THROMBOPHLEBITIS PG&THE PUERPERIUM"
"671.20"	"SUP THROMBOPHLEB COMP PG&PP UNS EOC"	"SUP THROMBOPHLEB COMP PG&THE PUERPERIUM UNS EOC"
"671.21"	"SUPERFICIAL THROMBOPHLEBITIS W/DEL"	"SUP THROMBOPHLEB DELIV W/WO MENTION ANTPRTM COND"
"671.22"	"SUP THROMBOPHLEB DELIV W/ PPC"	"SUP THROMBOPHLEBITIS W/DELIV W/MENTION PPC"
"671.23"	"SUP THROMBOPHLEBITIS ANTPRTM"	"SUPERFICIAL THROMBOPHLEBITIS ANTEPARTUM"
"671.24"	"SUPERFICIAL THROMBOPHLEBITIS PP"	"SUPERFICIAL THROMBOPHLEBITIS POSTPARTUM"
"671.3"	"DEEP PHLEBOTHROMBOSIS ANTEPARTUM"	"DEEP PHLEBOTHROMBOSIS ANTEPARTUM"
"671.30"	"DP PHLEBOTHROMB ANTPRTM UNS EOC"	"DEEP PHLEBOTHROMB ANTPRTM UNSPEC AS EPIS CARE"
"671.31"	"DEEP PHLEBOTHROMB ANTPRTM W/DELIV"	"DEEP PHLEBOTHROMBOSIS ANTEPARTUM WITH DELIVERY"
"671.33"	"DP PHLEBOTHROMBOS ANTPRTM-COND/COMP"	"DEEP PHLEBOTHROMBOSIS ANTPRTM-ANTPRTM COND/COMP"
"671.4"	"DEEP PHLEBOTHROMBOSIS POSTPARTUM"	"DEEP PHLEBOTHROMBOSIS POSTPARTUM"
"671.40"	"DP PHLEBOTHROMB PP UNS AS EPIS CARE"	"DEEP PHLEBOTHROMBOSIS PP UNSPEC AS EPIS CARE"
"671.42"	"DEEP PHLEBOTHROMBOSIS PP W/DELIV"	"DEEP PHLEBOTHROMBOSIS POSTPARTUM WITH DELIVERY"
"671.44"	"DP PHLEBOTHROMBOSIS PP-PP COND/COMP"	"DEEP PHLEBOTHROMBOSIS POSTPARTUM-PP COND/COMP"
"671.5"	"OTH PHLEBITIS&THROMB PG&PP"	"OTH PHLEBITIS&THROMBOSIS PG&THE PUERPERIUM"
"671.50"	"OTH PHLEB&THRMB COMPL PG&PP UNS EOC"	"OTH PHLEBITIS&THROMB COMP PG&PP UNS EOC"
"671.51"	"OTH PHLEBITIS&THROMBOSIS W/DELIVERY"	"OTH PHLEBITIS&THROMB DELIV W/WO ANTPRTM COND"
"671.52"	"OTH PHLEBITIS&THROMB DELIV W/ PPC"	"OTH PHLEBITIS&THROMBOSIS W/DELIV W/MENTION PPC"
"671.53"	"OTH ANTEPARTUM PHLEBITIS&THROMBOSIS"	"OTHER ANTEPARTUM PHLEBITIS AND THROMBOSIS"
"671.54"	"OTH POSTPARTUM PHLEBITIS&THROMBOSIS"	"OTHER POSTPARTUM PHLEBITIS AND THROMBOSIS"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"671.8"	"OTH VENOUS COMPS PG&THE PUERPERIUM"	"OTH VENOUS COMPS PREGNANCY&THE PUERPERIUM"
"671.80"	"OTH VENUS COMP PG&PP UNS EOC"	"OTH VENUS COMP PG&THE PUERPERIUM UNS EPIS CARE"
"671.81"	"OTH VENOUS COMPLICATIONS W/DELIVERY"	"OTH VENOUS COMP DELIV W/VO MENTION ANTPRTM COND"
"671.82"	"OTH VENOUS COMP DELIV W/MENTION PPC"	"OTH VENOUS COMPLICATION W/DELIVERY W/MENTION PPC"
"671.83"	"OTH VENOUS COMPLICATION ANTEPARTUM"	"OTHER VENOUS COMPLICATION ANTEPARTUM"
"671.84"	"OTH VENOUS COMPLICATION POSTPARTUM"	"OTHER VENOUS COMPLICATION POSTPARTUM"
"671.9"	"UNS VENOUS COMP PG&THE PUERPERIUM"	"UNSPEC VENOUS COMP PREGNANCY&THE PUERPERIUM"
"671.90"	"UNS VENUS COMP PG&PP UNS EOC"	"UNS VENUS COMP PG&THE PUERPERIUM UNS EPIS CARE"
"671.91"	"UNS VENOUS COMPLICATIONS W/DELIVERY"	"UNS VENOUS COMP DELIV W/VO MENTION ANTPRTM COND"
"671.92"	"UNS VENOUS COMP DELIV W/MENTION PPC"	"UNSPEC VENOUS COMP W/DELIVERY W/MENTION PPC"
"671.93"	"UNSPEC VENOUS COMPLICATION ANTPRTM"	"UNSPECIFIED VENOUS COMPLICATION ANTEPARTUM"
"671.94"	"UNSPEC VENOUS COMP POSTPARTUM"	"UNSPECIFIED VENOUS COMPLICATION POSTPARTUM"
"672"	"PYREXIA UNKN ORIG DUR THE PURPERIUM"	"PYREXIA OF UNKNOWN ORIGIN DURING THE PUERPERIUM"
"672.0"	"PYREXIA UNKN ORIG DUR THE PURPERIUM"	"PYREXIA OF UNKNOWN ORIGIN DURING THE PUERPERIUM"
"672.00"	"PUERPERL PYREXIA UNKN ORIGN UNS EOC"	"PUERPERAL PYREXIA UNKN ORIGIN UNS AS EPIS CARE"
"672.02"	"PUERPERL PYREX UNKN ORIGN DEL W/PPC"	"PUERPERAL PYREXIA UNKN ORIGIN DELIV W/ PPC"
"672.04"	"PUERPERAL PYREXIA UNKNOWN ORIGIN PP"	"PUERPERAL PYREXIA OF UNKNOWN ORIGIN POSTPARTUM"
"673"	"OBSTETRICAL PULMONARY EMBOLISM"	"OBSTETRICAL PULMONARY EMBOLISM"
"673.0"	"OBSTETRICAL AIR EMBOLISM"	"OBSTETRICAL AIR EMBOLISM"
"673.00"	"OB AIR EMBO UNSPEC AS EPIS CARE"	"OBSTETRICAL AIR EMBOLISM UNSPEC AS EPISODE CARE"
"673.01"	"OB AIR EMBO DELIV W/VO ANTPRTM COND"	"OB AIR EMBO W/DELIV W/VO MENTION ANTPRTM COND"
"673.02"	"OB AIR EMBO W/DELIV W/MENTION PPC"	"OBSTETRICAL AIR EMBOLISM W/DELIV W/MENTION PPC"
"673.03"	"OB AIR EMBO ANTPRTM COND/COMP"	"OBSTETRICAL AIR EMBOLISM ANTPRTM COND/COMP"
"673.04"	"OB AIR EMBO POSTPARTUM COND/COMP"	"OBSTETRICAL AIR EMBOLISM POSTPARTUM COND/COMP"
"673.1"	"AMNIOTIC FLUID EMBOLISM"	"AMNIOTIC FLUID EMBOLISM"
"673.10"	"AMNIOTIC FL EMBO UNS AS EPIS CARE"	"AMNIOTIC FLUID EMBOLISM UNSPEC AS EPISODE CARE"
"673.11"	"AMNIOTIC FLUID EMBOLISM W/DELIVERY"	"AMNIOTIC FLUID EMBOLISM DEL W/VO ANTEPARTUM COND"
"673.12"	"AMNIOTIC FL EMBO DELIV W/ PPC"	"AMNIOTIC FLUID EMBOLISM W/DELIVERY W/MENTION PPC"
"673.13"	"AMNIOTIC FL EMBO ANTPRTM COND/COMP"	"AMNIOTIC FLUID EMBOLISM ANTPRTM COND/COMP"
"673.14"	"AMNIOTIC FL EMBO PP COND/COMP"	"AMNIOTIC FLUID EMBOLISM POSTPARTUM COND/COMP"
"673.2"	"OBSTETRICAL BLOOD-CLOT EMBOLISM"	"OBSTETRICAL BLOOD-CLOT EMBOLISM"
"673.20"	"OB BLD-CLOT EMBO UNS AS EPIS CARE"	"OBSTETRICAL BLD-CLOT EMBO UNSPEC AS EPISODE CARE"
"673.21"	"OB BLOOD-CLOT EMBOLISM W/DELIVERY"	"OB BLD-CLOT EMBOLISM DEL W/VO ANTEPARTUM COND"
"673.22"	"OB BLD-CLOT EMBO W/MENTION PPC"	"OBSTETRICAL BLOOD-CLOT EMBOLISM W/MENTION PPC"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"673.23"	"OBSTETRICAL BLD-CLOT EMBO ANTPRTM"	"OBSTETRICAL BLOOD-CLOT EMBOLISM ANTEPARTUM"
"673.24"	"OB BLD-CLOT EMBO POSTPARTUM"	"OBSTETRICAL BLOOD-CLOT EMBOLISM POSTPARTUM"
"673.3"	"OBSTETRICAL PYEMIC&SEPTIC EMBOLISM"	"OBSTETRICAL PYEMIC AND SEPTIC EMBOLISM"
"673.30"	"OB PYEMIC&SEPTIC EMBO UNS EPIS CARE"	"OB PYEMIC&SEPTIC EMBO UNSPEC AS EPIS CARE"
"673.31"	"OB PYEMIC&SEPTIC EMBOLISM W/DEL"	"OB PYEMIC&SEPTIC EMBOLISM DEL W/WO ANTPRTM COND"
"673.32"	"OB PYEMIC&SEPTIC EMBO DEL W/PPC"	"OB PYEMIC&SEPTIC EMBOLISM DELIVERY W/PP COMPL"
"673.33"	"OB PYEMIC&SEPTIC EMBO ANTPRTM"	"OBSTETRICAL PYEMIC&SEPTIC EMBOLISM ANTEPARTUM"
"673.34"	"OB PYEMIC&SEPTIC EMBO POSTPARTUM"	"OBSTETRICAL PYEMIC&SEPTIC EMBOLISM POSTPARTUM"
"673.8"	"OTH OBSTETRICAL PULMONARY EMBOLISM"	"OTHER OBSTETRICAL PULMONARY EMBOLISM"
"673.80"	"OTH OB PULM EMBO UNS AS EPIS CARE"	"OTH OB PULMONARY EMBO UNSPEC AS EPIS CARE"
"673.81"	"OTH OB PULMARY EMBOLISM W/DELIVERY"	"OTH OB PULMARY EMBOLSIM DEL W/WO ANTEPARTUM COND"
"673.82"	"OTH OB PULM EMBO DELIV W/ PPC"	"OTH OB PULMONARY EMBO W/DELIV W/MENTION PPC"
"673.83"	"OTH OB PULMONARY EMBO ANTPRTM"	"OTHER OBSTETRICAL PULMONARY EMBOLISM ANTEPARTUM"
"673.84"	"OTH OB PULMONARY EMBO POSTPARTUM"	"OTHER OBSTETRICAL PULMONARY EMBOLISM POSTPARTUM"
"674"	"OTH&UNSPEC COMPS PUERPERIUM NEC"	"OTHER&UNSPECIFIED COMPLICATIONS PUERPERIUM NEC"
"674.0"	"CEREBRVASC DISORDERS PUERPERIUM"	"CEREBROVASCULAR DISORDERS IN THE PUERPERIUM"
"674.00"	"CERBVASC D/O OCCUR PG CB/PP UNS EOC"	"CERBROVASCULAR D/O OCCURRING PG CB/PP UNS EOC"
"674.01"	"CERBVASC D/O DEL W/WO ANTPRTM COND"	"CERBROVASC D/O DELIV W/WO MENTION ANTPRTM COND"
"674.02"	"CEREBRVASC D/O DELIV W/MENTION PPC"	"CEREBRVASC DISORDER W/DELIVERY W/MENTION PPC"
"674.03"	"CEREBROVASCULAR DISORDER ANTEPARTUM"	"CEREBROVASCULAR DISORDER ANTEPARTUM"
"674.04"	"CEREBROVASCULAR DISORDER POSTPARTUM"	"CEREBROVASCULAR DISORDER POSTPARTUM"
"674.1"	"DISRUPTION OF CESAREAN WOUND"	"DISRUPTION OF CESAREAN WOUND"
"674.10"	"DISRUPT C/S WOUND UNS AS EPIS CARE"	"DISRUPTION CESAREAN WOUND UNSPEC AS EPISODE CARE"
"674.12"	"DISRUPT C/S WND DELIV W/MENTION PPC"	"DISRUPTION C-SECT WOUND W/DELIVERY W/MENTION PPC"
"674.14"	"DISRUPTION C-SECT WOUND POSTPARTUM"	"DISRUPTION OF CESAREAN WOUND POSTPARTUM"
"674.2"	"DISRUPT OBSTETRICAL PERINEAL WOUND"	"DISRUPTION OF OBSTETRICAL PERINEAL WOUND"
"674.20"	"DISRUPT PERINL WND UNS EPIS CARE PG"	"DISRUPT PERINL WOUND UNSPEC AS EPIS CARE PG"
"674.22"	"DISRUPT PERINL WOUND DEL W/PP COMPL"	"DISRUPTRUPT PERINL WOUND W/DEL W/PP COMPLICATON"
"674.24"	"DISRUPT PERINEAL WOUND POSTPARTUM"	"DISRUPTION OF PERINEAL WOUND POSTPARTUM"
"674.3"	"OTH COMPS OB SURGICAL WOUNDS"	"OTHER COMPLICATIONS OBSTETRICAL SURGICAL WOUNDS"
"674.30"	"OTH COMP OB SURG WNDS UNS EPIS CARE"	"OTH COMP OB SURGICAL WOUNDS UNSPEC AS EPIS CARE"
"674.32"	"OTH COMP OB SURG WNDS DELIV W/ PPC"	"OTH COMP OB SURG WOUNDS W/DELIV W/MENTION PPC"
"674.34"	"OTH COMP OB SURG WNDS PP COND/COMP"	"OTH COMP OB SURGICAL WOUNDS POSTPARTUM COND/COMP"
"674.4"	"PLACENTAL POLYP"	"PLACENTAL POLYP"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"674.40"	"PLACENTAL POLYP UNSPEC AS EPIS CARE"	"PLACENTAL POLYP UNSPECIFIED AS TO EPISODE CARE"
"674.42"	"PLACNTL POLYP W/DELIV W/MENTION PPC"	"PLACENTAL POLYP W/DELIVERY W/MENTION PPC"
"674.44"	"PLACENTAL POLYP	POSTPARTUM"
"674.5"	"PERIPARTUM CARDIOMYOPATHY"	"PERIPARTUM CARDIOMYOPATHY"
"674.50"	"PERIPARTUM CARDIOMYOPATHY UNS EOC"	"PERIPARTUM CARDIOMYPATH UNS EPIS CARE/NOT APPLIC"
"674.51"	"PERIPARTUM CARDIOMYOPATHY DELIVERED"	"PERIPARTUM CARDIOMYPATH DELIV W/WO ANTPRTM COND"
"674.52"	"PERIPARTM CARDIOMYPATH DEL PP COND"	"PERIPARTUM CARDIOMYPATH DELIV W/MENTION PP COND"
"674.53"	"PERIPARTM CARDIOMYPATH ANTPRTM COMP"	"PERIPARTUM CARDIOMYOPATHY ANTPRTM COND/COMP"
"674.54"	"PERIPARTUM CARDIOMYOPATHY PP COMP"	"PERIPARTUM CARDIOMYOPATHY POSTPARTUM COND/COMP"
"674.8"	"OTHER COMPLICATIONS THE PUERPERIUM"	"OTHER COMPLICATIONS OF THE PUERPERIUM"
"674.80"	"OTH COMP PUERPERIUM UNS EPIS CARE"	"OTH COMP PUERPERIUM UNSPEC AS EPISODE CARE"
"674.82"	"OTH COMP PUERPERIUM DELIV W/ PPC"	"OTH COMP PUERPERIUM W/DELIVERY W/MENTION PPC"
"674.84"	"OTHER COMPLICATION OF PUERPERIUM"	"OTHER COMPLICATION OF PUERPERIUM"
"674.9"	"UNSPEC COMPLICATIONS PUERPERIUM"	"UNSPECIFIED COMPLICATIONS OF THE PUERPERIUM"
"674.90"	"UNS COMPS PUERPERIUM UNS EPIS CARE"	"UNSPEC COMPS PUERPERIUM UNSPEC AS EPISODE CARE"
"674.92"	"UNS COMPS PUERPERIUM DELIV W/ PPC"	"UNSPEC COMPS PUERPERIUM W/DELIVERY W/MENTION PPC"
"674.94"	"UNSPEC COMPLICATIONS PUERPERIUM"	"UNSPECIFIED COMPLICATIONS OF PUERPERIUM"
"675"	"INF BRST&NIPPLE ASSOC W/CHILDBIRTH"	"INFECTION BREAST&NIPPLE ASSOCIATED W/CHILDBIRTH"
"675.0"	"INFECTION NIPPLE ASSOC W/CHILDBIRTH"	"INFECTION OF NIPPLE ASSOCIATED WITH CHILDBIRTH"
"675.00"	"INF NIPPLEW/CHLDBRTH UNS EPIS CARE"	"INF NIPPLE ASSOC W/CHILDBRTH UNSPEC AS EPIS CARE"
"675.01"	"INFECT NIPPLE W/CHLDBRTH DELIVERED"	"INF NIPPLE W/CHLDBRTH DEL W/WO ANTEPARTUM COND"
"675.02"	"INF NIPPLEW/CHLDBRTH DELIV W/ PPC"	"INF NIPPLE ASSOC W/CHILDBRTH DELIV W/MENTION PPC"
"675.03"	"INFECTION OF NIPPLE	ANTEPARTUM"
"675.04"	"INFECTION OF NIPPLE	POSTPARTUM"
"675.1"	"ABSC BREAST ASSOCIATED W/CHILDBIRTH"	"ABSCCESS OF BREAST ASSOCIATED WITH CHILDBIRTH"
"675.10"	"ABSC BRSTW/CHLDBRTH UNS EPIS CARE"	"ABSC BRST ASSOC W/CHILDBIRTH UNSPEC AS EPIS CARE"
"675.11"	"ABSCES BREAST W/CHLDBRTH DELIVERED"	"ABSCCESS BREAST W/CHLDBRTH DEL W/WO ANTPRTM COND"
"675.12"	"ABSC BRSTW/CHLDBRTH DELIV W/ PPC"	"ABSC BRST ASSOC W/CHILDBIRTH DELIV W/MENTION PPC"
"675.13"	"ABSCCESS OF BREAST	ANTEPARTUM"
"675.14"	"ABSCCESS OF BREAST	POSTPARTUM"
"675.2"	"NONPURULENT MASTITISW/CHLDBRTH"	"NONPURULENT MASTITIS ASSOCIATED WITH CHILDBIRTH"
"675.20"	"NONPURULENT MASTITIS UNS EOC"	"NONPURULENT MASTITIS-UNS EPIS PRE/POSTNATAL CARE"
"675.21"	"NONPURULENT MASTITIS DELIVERED"	"NONPURULENT MASTITIS DELIV W/WO ANTPRTM COND"
"675.22"	"NONPURULENT MASTITIS DELIV W/ PPC"	"NONPURULENT MASTITIS DELIVERED W/MENTION PPC"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"675.23"	"NONPURULENT MASTITIS	ANTEPARTUM"
"675.24"	"NONPURULENT MASTITIS	POSTPARTUM"
"675.8"	"OTH SPEC INF BRST&NIPPLEW/CHLDBRTH"	"OTH SPEC INF BREAST&NIPPLE ASSOC W/CHILDBIRTH"
"675.80"	"OTH SPEC INF BRST&NPPL W/CB UNS EOC"	"OTH SPEC INF BREAST&NIPPLE W/CHILDBIRTH UNS EOC"
"675.81"	"OTH SPEC BRST&NIPPLE INF W/CB-DEL"	"OTH SPEC BREAST-NIPPLE INFECT ASSOC W/CB DELIVER"
"675.82"	"OTH INF BRST&NIPPLE W/CB DEL W/PPC"	"OTH INF BRST&NIPPLE W/CHLDBRTH DEL W/PP COMPL"
"675.83"	"OTH SPEC INF BREAST&NIPPLE ANTPRTM"	"OTHER SPEC INFECTION BREAST&NIPPLE ANTEPARTUM"
"675.84"	"OTH SPEC INF BREAST&NIPPLE PP"	"OTHER SPEC INFECTION BREAST&NIPPLE POSTPARTUM"
"675.9"	"UNS INF BRST&NIPPLEW/CHLDBRTH"	"UNSPEC INF BREAST&NIPPLE ASSOC W/CHILDBIRTH"
"675.90"	"UNS INF BREAST UNS PRE/POSTNAT EOC"	"UNS INF BRST&NIPPLE UNS PRENATAL/POSTNATAL EOC"
"675.91"	"UNS INFECT BREAST&NIPPLE DELIVERED"	"UNS INF BRST&NIPPLE DELIV W/WO ANTPRTM COND"
"675.92"	"UNS INF BRST&NIPPLE DELIV W/ PPC"	"UNSPEC INF BREAST&NIPPLE DELIV W/MENTION PPC"
"675.93"	"UNSPEC INF BREAST&NIPPLE ANTPRTM"	"UNSPECIFIED INFECTION BREAST&NIPPLE ANTEPARTUM"
"675.94"	"UNSPEC INF BREAST&NIPPLE POSTPARTUM"	"UNSPECIFIED INFECTION BREAST&NIPPLE POSTPARTUM"
"676"	"ENGORGE BRSTS UNS PRE/POSTNATAL EOC"	"OTH D/O BREAST ASSOC W/CHILDBIRTH&D/O LACTATION"
"676.0"	"RETRACTED NIPPLE ASSOC W/CHILDBIRTH"	"RETRACTED NIPPLE ASSOCIATED WITH CHILDBIRTH"
"676.00"	"RETRCT NIPPLE UNS PRE/POSTNATAL EOC"	"RETRACTED NIPPLE UNS PRENATAL/POSTNATAL EOC"
"676.01"	"RETRACTED NIPPLE DELIVERED"	"RETRACTED NIPPLE DELIV W/WO MENTION ANTPRTM COND"
"676.02"	"RETRACTED NIPPLE DELIV W/ PPC"	"RETRACTED NIPPLE DELIVERED W/MENTION PPC"
"676.03"	"RETRACTED NIPPLE ANTPRTM COND/COMP"	"RETRACTED NIPPLE ANTEPARTUM COND/COMPLICATION"
"676.04"	"RETRACTED NIPPLE PP COND/COMP"	"RETRACTED NIPPLE POSTPARTUM COND/COMPLICATION"
"676.1"	"CRACKED NIPPLE ASSOC W/CHILDBIRTH"	"CRACKED NIPPLE ASSOCIATED WITH CHILDBIRTH"
"676.10"	"CRACKED NIPPLE UNS PRE/POSTNATL EOC"	"CRACKED NIPPLE UNS PRENATAL/POSTNATAL EPIS CARE"
"676.11"	"CRACKED NIPPLE-DELIVERED"	"CRACKED NIPPLE DELIV W/WO MENTION ANTPRTM COND"
"676.12"	"CRACKED NIPPLE DELIV W/MENTION PPC"	"CRACKED NIPPLE DELIVERED W/MENTION PPC"
"676.13"	"CRACKED NIPPLE ANTPRTM COND/COMP"	"CRACKED NIPPLE ANTEPARTUM CONDITION/COMPLICATION"
"676.14"	"CRACKED NIPPLE POSTPARTUM COND/COMP"	"CRACKED NIPPLE POSTPARTUM CONDITION/COMPLICATION"
"676.2"	"ENGORGEMENT BRSTS ASSOC W/CHILDBRTH"	"ENGORGEMENT OF BREASTS ASSOCIATED W/CHILDBIRTH"
"676.20"	"BREAST ENGORGE-UNSPEC"	"ENGORGEMENT BRSTS UNS PRENATAL/POSTNATAL EOC"
"676.21"	"ENGORGE BRSTS DEL W/WO ANTPRTM COND"	"ENGORGEMENT BREASTS DEL W/WO ANTEPARTUM COND"
"676.22"	"ENGORGEMENT BRSTS DELIV W/ PPC"	"ENGORGEMENT BREASTS DELIVERED W/MENTION PPC"
"676.23"	"ENGORGEMENT OF BREAST	ANTEPARTUM"
"676.24"	"ENGOREMENT OF BREAST	POSTPARTUM"
"676.3"	"OTH&UNS D/O BRST ASSOC W/CHLDBRTH"	"OTH&UNSPEC DISORDER BREAST ASSOC W/CHILDBIRTH"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"676.30"	"UNS D/O BRSTW/CHLDBRTH UNS EOC"	"OTH&UNS D/O BRST ASSOC W/CHLDBRTH UNS EPIS CARE"
"676.31"	"UNS D/O BREAST W/CB DELIVERED"	"UNS D/O BREAST W/CHLDBRTH DEL W/VO ANTPRTM COND"
"676.32"	"UNS D/O BRSTW/CHLDBRTH DELIV W/ PPC"	"OTH&UNS D/O BREAST W/CHILDBIRTH DEL W/PP COMPL"
"676.33"	"UNS D/O BRSTW/CHLDBRTH ANTPRTM COMP"	"OTH&UNS D/O BRSTW/CHLDBRTH ANTPRTM COND/COMP"
"676.34"	"UNS D/O BRSTW/CHLDBRTH PP COND/COMP"	"OTH&UNS D/O BRST ASSOC W/CHLDBRTH PP COND/COMP"
"676.4"	"FAILURE OF LACTATION"	"FAILURE OF LACTATION"
"676.40"	"FAIL LACTATION UNSPEC AS EPIS CARE"	"FAILURE LACTATION UNSPECIFIED AS TO EPISODE CARE"
"676.41"	"FAILED LACTATION W/DELIVERY"	"FAILED LACTATION W/DEL W/VO MENTION ANTPRTM COND"
"676.42"	"FAIL LACTATION DELIV W/MENTION PPC"	"FAILURE LACTATION W/DELIVERY W/MENTION PPC"
"676.43"	"FAILURE LACTATION ANTPRTM COND/COMP"	"FAILURE LACTATION ANTEPARTUM COND/COMPLICATION"
"676.44"	"FAIL LACTATION POSTPARTUM COND/COMP"	"FAILURE LACTATION POSTPARTUM COND/COMPLICATION"
"676.5"	"SUPPRESSED LACTATION"	"SUPPRESSED LACTATION"
"676.50"	"SUPPRESSED LACTATION UNS EPIS CARE"	"SUPPRESSED LACTATION UNSPECIFIED AS EPISODE CARE"
"676.51"	"SUPPRESSED LACTATION W/DELIVERY"	"SUPPRESSED LACTATION DELIV W/VO ANTPRTM COND"
"676.52"	"SUPPRESSED LACTATION DELIV W/ PPC"	"SUPPRESSED LACTATION W/DELIVERY W/MENTION PPC"
"676.53"	"SUPPRESSED LACTATION ANTPRTM COMP"	"SUPPRESSED LACTATION ANTPRTM COND/COMPLICATION"
"676.54"	"SUPPRESSED LACTATION PP COND/COMP"	"SUPPRESSED LACTATION POSTPARTUM COND/COMP"
"676.6"	"GALACTORRHEA"	"GALACTORRHEA"
"676.60"	"GALACTORRHEAW/CHLDBRTH UNS EOC"	"GALACTORRHEA ASSOC W/CHLDBRTH UNS AS EPIS CARE"
"676.61"	"GALACTORRHEA DEL W/VO ANTPRTM COND"	"GALACTORRHEA W/DELIV W/VO MENTION ANTPRTM COND"
"676.62"	"GALACTORRHEA W/DELIV W/MENTION PPC"	"GALACTORRHEA W/DELIVERY W/MENTION PPC"
"676.63"	"GALACTORRHEA ANTPRTM COND/COMP"	"GALACTORRHEA ANTEPARTUM CONDITION/COMPLICATION"
"676.64"	"GALACTORRHEA POSTPARTUM COND/COMP"	"GALACTORRHEA POSTPARTUM CONDITION/COMPLICATION"
"676.8"	"OTHER DISORDERS OF LACTATION"	"OTHER DISORDERS OF LACTATION"
"676.80"	"OTH D/O LACTATION UNS AS EPIS CARE"	"OTHER DISORDER LACTATION UNSPEC AS EPISODE CARE"
"676.81"	"OTH D/O LACTATION W/DELIVERY"	"OTH D/O LACTATION DELIV W/VO ANTPRTM COND"
"676.82"	"OTH D/O LACTATION DELIV W/ PPC"	"OTH DISORDER LACTATION W/DELIVERY W/MENTION PPC"
"676.83"	"OTH D/O LACTATION ANTPRTM COND/COMP"	"OTH DISORDER LACTATION ANTPRTM COND/COMPLICATION"
"676.84"	"OTH DISORDER LACTATION PP COND/COMP"	"OTH DISORDER LACTATION POSTPARTUM COND/COMP"
"676.9"	"UNSPECIFIED DISORDER OF LACTATION"	"UNSPECIFIED DISORDER OF LACTATION"
"676.90"	"UNS D/O LACTATION UNS AS EPIS CARE"	"UNSPEC DISORDER LACTATION UNSPEC AS EPISODE CARE"
"676.91"	"UNS D/O LACTATION DELIVERY"	"UNS D/O LACTATION DELIV W/VO ANTPRTM COND"
"676.92"	"UNS D/O LACTATION DELIV W/ PPC"	"UNSPEC DISORDER LACTATION W/DELIV W/MENTION PPC"
"676.93"	"UNS D/O LACTATION ANTPRTM COND/COMP"	"UNSPEC DISORDER LACTATION ANTPRTM COND/COMP"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"676.94"	"UNSPEC D/O LACTATION PP COND/COMP"	"UNSPEC DISORDER LACTATION POSTPARTUM COND/COMP"
"677"	"LATE EFF COMP PREG-PUERP"	"LATE EFFECT COMP PG CHILDBIRTH&THE PUERPERIUM"

SUBSTANCE ABUSE		
ICD9Code	Short Description	Long Description
"291"	"ALCOHOL-INDUCED MENTAL DISORDERS"	"ALCOHOL-INDUCED MENTAL DISORDERS"
"291.0"	"ALCOHOL WITHDRAWAL DELIRIUM"	"ALCOHOL WITHDRAWAL DELIRIUM"
"291.1"	"ALCOHOL-INDUCD PERSIST AMNESTIC D/O"	"ALCOHOL-INDUCED PERSISTING AMNESTIC DISORDER"
"291.2"	"ALCOHOL-INDUCED PERSISTING DEMENTIA"	"ALCOHOL-INDUCED PERSISTING DEMENTIA"
"291.3"	"ALC-INDUCD PSYCHOT D/O W/HALLUCINAT"	"ALCOHOL-INDUCED PSYCHOT DISORDER W/HALLUCINATION"
"291.4"	"IDIOSYNCRATIC ALCOHOL INTOXICATION"	"IDIOSYNCRATIC ALCOHOL INTOXICATION"
"291.5"	"ALC-INDUCD PSYCHOT D/O W/DELUSIONS"	"ALCOHOL-INDUCED PSYCHOTIC DISORDER W/DELUSIONS"
"291.8"	"OTH SPEC ALCOHOL-INDUCED MENTAL D/O"	"OTHER SPECIFIED ALCOHOL-INDUCED MENTAL DISORDERS"
"291.81"	"ALCOHOL WITHDRAWAL"	"ALCOHOL WITHDRAWAL"
"291.89"	"OTH SPEC ALCOHOL-INDUCED MENTAL D/O"	"OTHER SPECIFIED ALCOHOL-INDUCED MENTAL DISORDERS"
"291.9"	"UNSPEC ALCOHOL-INDUCED MENTAL D/O"	"UNSPECIFIED ALCOHOL-INDUCED MENTAL DISORDERS"
"292"	"DRUG-INDUCED MENTAL DISORDERS"	"DRUG-INDUCED MENTAL DISORDERS"
"292.0"	"DRUG WITHDRAWAL"	"DRUG WITHDRAWAL"
"292.1"	"PARANOID&/HALLUCIN STATES INDUCD-RX"	"PARANOID &OR HALLUCINATORY STATES INDUCED DRUGS"
"292.11"	"DRUG-INDUCD PSYCHOT D/O W/DELUSIONS"	"DRUG-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS"
"292.12"	"DRUG-INDUCD PSYCHOT D/O W/HALLUCIN"	"DRUG-INDUCED PSYCHOTIC DISORDER W/HALLUCINATIONS"
"292.2"	"PATHOLOGICAL DRUG INTOXICATION"	"PATHOLOGICAL DRUG INTOXICATION"
"292.8"	"OTH SPEC DRUG-INDUCED MENTAL D/O"	"OTHER SPECIFIED DRUG-INDUCED MENTAL DISORDERS"
"292.81"	"DRUG-INDUCED DELIRIUM"	"DRUG-INDUCED DELIRIUM"
"292.82"	"DRUG-INDUCED PERSISTING DEMENTIA"	"DRUG-INDUCED PERSISTING DEMENTIA"
"292.83"	"DRUG-INDUCD PERSISTING AMNESTIC D/O"	"DRUG-INDUCED PERSISTING AMNESTIC DISORDER"
"292.84"	"DRUG-INDUCED MOOD DISORDER"	"DRUG-INDUCED MOOD DISORDER"
"292.89"	"OTH SPEC DRUG-INDUCD MENTL DISORDER"	"OTHER SPECIFIED DRUG-INDUCED MENTAL DISORDER"
"292.9"	"UNSPEC DRUG-INDUCED MENTAL DISORDER"	"UNSPECIFIED DRUG-INDUCED MENTAL DISORDER"
"293"	"TRANSIENT MENTL D/O-COND CLASS ELSW"	"TRANSIENT MENTAL DISORDERS DUE CONDS CLASS ELSW"
"293.0"	"DELIRIUM DUE CONDS CLASSIFIED ELSW"	"DELIRIUM DUE TO CONDITIONS CLASSIFIED ELSEWHERE"
"293.1"	"SUBACUTE DELIRIUM"	"SUBACUTE DELIRIUM"
"293.8"	"OTH SPEC TRANSNT MENTL D/O CLSS ELS"	"OTH SPEC TRANSIENT MENTL D/O DUE COND CLASS ELSW"

EXCLUDED SERVICES

SUBSTANCE ABUSE		
ICD9Code	Short Description	Long Description
"293.81"	"PSYCHOT W/DELUSION COND CLASS ELSW"	"PSYCHOTIC DISORDER W/DELUSIONS CONDS CLASS ELSW"
"293.82"	"PSYCHOT W/HALLUCNAT COND CLASS ELSW"	"PSYCHOTIC D/O W/HALLUCINATIONS CONDS CLASS ELSW"
"293.83"	"MOOD DISORDER CONDS CLASSIFIED ELSW"	"MOOD DISORDER IN CONDITIONS CLASSIFIED ELSEWHERE"
"293.84"	"ANXIETY DISORDER CONDS CLASS ELSW"	"ANXIETY DISORDER CONDITIONS CLASSIFIED ELSEWHERE"
"293.89"	"OTH TRANSNT MENTL D/O COND CLSS ELS"	"OTH TRANSIENT MENTAL D/O DUE CONDS CLASS ELSW"
"293.9"	"UNS TRANSNT MENTL D/O COND CLSS ELS"	"UNSPEC TRANSIENT MENTL DISORDER CONDS CLASS ELSW"
"294"	"PERSISTNT MENTL D/O COND CLASS ELSW"	"PERSISTENT MENTAL DISORDERS DUE CONDS CLASS ELSW"
"294.0"	"AMNESTIC DISORDER CONDS CLASS ELSW"	"AMNESTIC DISORDER CONDS CLASSIFIED ELSEWHERE"
"294.1"	"DEMENTIA CONDS CLASSIFIED ELSEWHERE"	"DEMENTIA IN CONDITIONS CLASSIFIED ELSEWHERE"
"294.10"	"DEMENTIA CCE W/O BEHAV DISTURB"	"DEMENTIA CONDS CLASS ELSW W/O BHVAL DISTURBANCE"
"294.11"	"DEMENTIA CCE W/BEHAV DISTURBANCES"	"DEMENTIA CCE W/BEHAVIORAL DISTURBANCES"
"294.8"	"OTH PERSIST MENTL D/O COND CLSS ELS"	"OTH PERSISTENT MENTAL D/O DUE CONDS CLASS ELSW"
"294.9"	"UNS PERSIST MENTL D/O COND CLSS ELS"	"UNSPEC PERSISTENT MENTL D/O DUE CONDS CLASS ELSW"
"295"	"SCHIZOPHRENIC DISORDERS"	"SCHIZOPHRENIC DISORDERS"
"303"	"ALCOHOL DEPENDENCE SYNDROME"	"ALCOHOL DEPENDENCE SYNDROME"
"303.0"	"ACUTE ALCOHOLIC INTOXICATION"	"ACUTE ALCOHOLIC INTOXICATION"
"303.00"	"ACUT ALCOHLIC INTOXICATION UNS"	"ACUTE ALCOHOLIC INTOXICATION UNSPEC DRUNKENNESS"
"303.01"	"ACUT ALCOHLIC INTOXICATION CONT"	"ACUTE ALCOHOLIC INTOXICATION CONT DRUNKENNESS"
"303.02"	"AC ALCOHLIC INTOXICATION EPISODIC"	"ACUT ALCOHOLIC INTOXICATION EPISODIC DRUNKENNESS"
"303.03"	"ACUT ALCOHLIC INTOXICATION REMISS"	"ACUTE ALCOHOLIC INTOXICATION IN REMISSION"
"303.9"	"OTHER&UNSPEC ALCOHOL DEPENDENCE"	"OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE"
"303.90"	"OTH&UNS ALCOHL DPND UNS DRUNKENNESS"	"OTH&UNSPEC ALCOHOL DEPENDENCE UNSPEC DRUNKENNESS"
"303.91"	"OTH&UNS ALCOHL DPND CONT"	"OTHER&UNSPEC ALCOHOL DEPENDENCE CONT DRUNKENNESS"
"303.92"	"OTH&UNS ALCOHL DPND EPISODIC"	"OTH&UNSPEC ALCOHOL DEPEND EPISODIC DRUNKENNESS"
"303.93"	"OTH&UNSPEC ALCOHOL DEPEND REMISSION"	"OTHER&UNSPECIFIED ALCOHOL DEPENDENCE REMISSION"
"304"	"DRUG DEPENDENCE"	"DRUG DEPENDENCE"
"304.0"	"OPIOID TYPE DEPENDENCE"	"OPIOID TYPE DEPENDENCE"
"304.00"	"OPIOID TYPE DEPENDENCE UNSPEC ABUSE"	"OPIOID TYPE DEPENDENCE UNSPECIFIED ABUSE"
"304.01"	"OPIOID TYPE DEPENDENCE CONT ABUSE"	"OPIOID TYPE DEPENDENCE CONTINUOUS ABUSE"
"304.02"	"OPIOID TYPE DEPENDENCE EPISODIC ABS"	"OPIOID TYPE DEPENDENCE EPISODIC ABUSE"
"304.03"	"OPIOID TYPE DEPENDENCE IN REMISSION"	"OPIOID TYPE DEPENDENCE IN REMISSION"
"304.1"	"SEDATIVE HYPNOTIC/ANXIOLYTIC DEPEND"	"SEDATIVE HYPNOTIC OR ANXIOLYTIC DEPENDENCE"
"304.10"	"SEDAT HYPNOT/ANXIOLYTIC DEPEND UNS"	"SEDATIVE HYPNOTIC/ANXIOLYTIC DEPENDENCE UNSPEC"
"304.11"	"SEDAT HYPNOT/ANXIOLYTIC DEPEND CONT"	"SEDATIVE HYPNOTIC/ANXIOLYTIC DEPENDENCE CONT"

EXCLUDED SERVICES

SUBSTANCE ABUSE		
ICD9Code	Short Description	Long Description
"304.12"	"SEDAT HYPNOT/ANXIOLYTIC DPND EPISODIC"	"SEDATIVE HYPNOTIC/ANXIOLYTIC DEPENDENCE EPISODIC"
"304.13"	"SEDAT HYPNOT/ANXIOLYTIC DPND REMISS"	"SEDATIVE HYPNOTIC/ANXIOLYTIC DEPEND REMISSION"
"304.2"	"COCAINE DEPENDENCE"	"COCAINE DEPENDENCE"
"304.20"	"COCAINE DEPENDENCE UNSPEC ABUSE"	"COCAINE DEPENDENCE UNSPECIFIED ABUSE"
"304.21"	"COCAINE DEPENDENCE CONTINUOUS ABUSE"	"COCAINE DEPENDENCE CONTINUOUS ABUSE"
"304.22"	"COCAINE DEPENDENCE"	"EPISODIC ABUSE"
"304.23"	"COCAINE DEPENDENCE"	"IN REMISSION"
"304.3"	"CANNABIS DEPENDENCE"	"CANNABIS DEPENDENCE"
"304.30"	"CANNABIS DEPENDENCE UNSPEC ABUSE"	"CANNABIS DEPENDENCE UNSPECIFIED ABUSE"
"304.31"	"CANNABIS DEPENDENCE CONT ABUSE"	"CANNABIS DEPENDENCE CONTINUOUS ABUSE"
"304.32"	"CANNABIS DEPENDENCE"	"EPISODIC ABUSE"
"304.33"	"CANNABIS DEPENDENCE"	"IN REMISSION"
"304.4"	"AMPHET&OTH PSYCHOSTIMULANT DEPEND"	"AMPHETAMINE AND OTHER PSYCHOSTIMULANT DEPENDENCE"
"304.40"	"AMPHET&OTH PSYCHOSTIM DPND UNS ABS"	"AMPHET&OTH PSYCHOSTIMULANT DEPENDENCE UNSPEC ABS"
"304.41"	"AMPHET&OTH PSYCHOSTIM DPND CONT ABS"	"AMPHET&OTH PSYCHOSTIMULANT DEPENDENCE CONT ABS"
"304.42"	"AMPHET&OTH PSYCHOSTIM DPND EPIS ABS"	"AMPHET&OTH PSYCHOSTIMULANT DEPEND EPISODIC ABS"
"304.43"	"AMPHET&OTH PSYCHOSTIM DPND REMISS"	"AMPHET&OTH PSYCHOSTIMULANT DEPENDENCE REMISSION"
"304.5"	"HALLUCINOGEN DEPENDENCE"	"HALLUCINOGEN DEPENDENCE"
"304.50"	"HALLUCINOGEN DEPENDENCE UNSPEC ABS"	"HALLUCINOGEN DEPENDENCE UNSPECIFIED ABUSE"
"304.51"	"HALLUCINOGEN DEPENDENCE CONT ABUSE"	"HALLUCINOGEN DEPENDENCE CONTINUOUS ABUSE"
"304.52"	"HALLUCINOGEN DEPEND EPISODIC ABS"	"HALLUCINOGEN DEPENDENCE EPISODIC ABUSE"
"304.53"	"HALLUCINOGEN DEPENDENCE REMISSION"	"HALLUCINOGEN DEPENDENCE IN REMISSION"
"304.6"	"OTHER SPECIFIED DRUG DEPENDENCE"	"OTHER SPECIFIED DRUG DEPENDENCE"
"304.60"	"OTH SPEC DRUG DEPENDENCE UNSPEC ABS"	"OTHER SPEC DRUG DEPENDENCE UNSPEC ABUSE"
"304.61"	"OTH SPEC DRUG DEPENDENCE CONT ABUSE"	"OTHER SPECIFIED DRUG DEPENDENCE CONTINUOUS ABUSE"
"304.62"	"OTH SPEC DRUG DEPEND EPISODIC ABS"	"OTHER SPECIFIED DRUG DEPENDENCE EPISODIC ABUSE"
"304.63"	"OTH SPEC DRUG DEPENDENCE REMISSION"	"OTHER SPECIFIED DRUG DEPENDENCE IN REMISSION"
"304.7"	"COMB OPIOID RX W/ANY OTH RX DEPEND"	"COMB OPIOID DRUG W/ANY OTH DRUG DEPENDENCE"
"304.70"	"OPIOID/OTHER DEP-UNSPEC"	"COMB OPIOID RX W/ANY OTH RX DEPEND UNSPEC ABS"
"304.71"	"OPIOID/OTHER DEP-CONTIN"	"COMB OPIOID DRUG W/ANY OTH DRUG DEPEND CONT ABS"
"304.72"	"OPIOID/OTHER DEP-EPISOD"	"COMB OPIOID RX W/ANY OTH RX DEPEND EPISODIC ABS"
"304.73"	"OPIOID/OTHER DEP-REMISS"	"COMB OPIOID DRUG W/ANY OTH DRUG DEPEND REMISSION"
"304.8"	"COMB DRUG DEPEND EXCLD OPIOID DRUG"	"COMB DRUG DEPENDENCE EXCLUDING OPIOID DRUG"
"304.80"	"COMBOS DRUG DEPEND UNS ABUSE"	"COMB DRUG DEPEND EXCLD OPIOID DRUG UNSPEC ABS"

EXCLUDED SERVICES

SUBSTANCE ABUSE		
ICD9Code	Short Description	Long Description
"304.81"	"COMBOS DRUG DEPEND CONT ABUSE"	"COMB DRUG DEPEND EXCLUDING OPIOID DRUG CONT ABS"
"304.82"	"COMB DRUG DEPEND EPISOD ABUSE"	"COMB DRUG DEPEND EXCLD OPIOID DRUG EPISODIC ABS"
"304.83"	"COMB RX DPND EXCLD OPIOID RX REMISS"	"COMB DRUG DEPEND EXCLUDING OPIOID DRUG REMISSION"
"304.9"	"UNSPECIFIED DRUG DEPENDENCE"	"UNSPECIFIED DRUG DEPENDENCE"
"304.90"	"UNSPEC DRUG DEPENDENCE UNSPEC ABUSE"	"UNSPECIFIED DRUG DEPENDENCE UNSPECIFIED ABUSE"
"304.91"	"UNSPEC DRUG DEPENDENCE CONT ABUSE"	"UNSPECIFIED DRUG DEPENDENCE CONTINUOUS ABUSE"
"304.92"	"UNSPEC DRUG DEPENDENCE EPISODIC ABS"	"UNSPECIFIED DRUG DEPENDENCE EPISODIC ABUSE"
"304.93"	"UNSPEC DRUG DEPENDENCE REMISSION"	"UNSPECIFIED DRUG DEPENDENCE IN REMISSION"
"305"	"NONDEPENDENT ABUSE OF DRUGS"	"NONDEPENDENT ABUSE OF DRUGS"
"305.0"	"NONDEPENDENT ALCOHOL ABUSE"	"NONDEPENDENT ALCOHOL ABUSE"
"305.00"	"NONDPND ALCOHL ABS UNS DRUNKENNESS"	"NONDEPENDENT ALCOHOL ABUSE UNSPEC DRUNKENNESS"
"305.01"	"NONDPND ALCOHL ABS CONT DRUNKENNESS"	"NONDEPENDENT ALCOHOL ABUSE CONT DRUNKENNESS"
"305.02"	"NONDPND ALCOHL ABS EPISODIC"	"NONDEPENDENT ALCOHOL ABUSE EPISODIC DRUNKENNESS"
"305.03"	"NONDEPENDENT ALCOHOL ABS REMISSION"	"NONDEPENDENT ALCOHOL ABUSE IN REMISSION"
"305.1"	"NONDEPENDENT TOBACCO USE DISORDER"	"NONDEPENDENT TOBACCO USE DISORDER"
"305.2"	"NONDEPENDENT CANNABIS ABUSE"	"NONDEPENDENT CANNABIS ABUSE"
"305.20"	"NONDEPENDENT CANNABIS ABUSE UNSPEC"	"NONDEPENDENT CANNABIS ABUSE UNSPECIFIED"
"305.21"	"NONDEPENDENT CANNABIS ABUSE CONT"	"NONDEPENDENT CANNABIS ABUSE CONTINUOUS"
"305.22"	"NONDEPENDENT CANNABIS ABS EPISODIC"	"NONDEPENDENT CANNABIS ABUSE EPISODIC"
"305.23"	"NONDEPENDENT CANNABIS ABS REMISSION"	"NONDEPENDENT CANNABIS ABUSE IN REMISSION"
"305.3"	"NONDEPENDENT HALLUCINOGEN ABUSE"	"NONDEPENDENT HALLUCINOGEN ABUSE"
"305.30"	"NONDEPEND HALLUCINOGEN ABS UNSPEC"	"NONDEPENDENT HALLUCINOGEN ABUSE UNSPECIFIED"
"305.31"	"NONDEPENDENT HALLUCINOGEN ABS CONT"	"NONDEPENDENT HALLUCINOGEN ABUSE CONTINUOUS"
"305.32"	"NONDEPEND HALLUCINOGEN ABS EPISODIC"	"NONDEPENDENT HALLUCINOGEN ABUSE EPISODIC"
"305.33"	"NONDPND HALLUCINOGEN ABS REMISSION"	"NONDEPENDENT HALLUCINOGEN ABUSE IN REMISSION"
"305.4"	"NONDPND SEDAT HYPNOT/ANXIOLYTIC ABS"	"NONDEPENDENT SEDATIVE HYPNOTIC/ANXIOLYTIC ABUSE"
"305.40"	"NONDEPEND SEDAT HYPNOTIC ABS UNS"	"NONDEPEND SEDATIVE HYPNOT/ANXIOLYTIC ABS UNSPEC"
"305.41"	"NONDEPEND SEDAT HYPNOTIC ABS CONT"	"NONDEPEND SEDATIVE HYPNOTIC/ANXIOLYTIC ABS CONT"
"305.42"	"NONDPND SEDAT HYPNOTIC ABS EPISODIC"	"NONDEPEND SEDAT HYPNOT/ANXIOLYTIC ABS EPISODIC"
"305.43"	"NONDEPEND SEDAT HYPNOTIC ABS REMISS"	"NONDEPEND SEDAT HYPNOT/ANXIOLYTIC ABS REMISSION"
"305.5"	"NONDEPENDENT OPIOID ABUSE"	"NONDEPENDENT OPIOID ABUSE"
"305.50"	"NONDEPENDENT OPIOID ABUSE UNSPEC"	"NONDEPENDENT OPIOID ABUSE UNSPECIFIED"
"305.51"	"NONDEPENDENT OPIOID ABUSE CONT"	"NONDEPENDENT OPIOID ABUSE CONTINUOUS"
"305.52"	"NONDEPENDENT OPIOID ABUSE	EPISODIC"

EXCLUDED SERVICES

SUBSTANCE ABUSE		
ICD9Code	Short Description	Long Description
"305.53"	"NONDEPENDENT OPIOID ABUSE REMISSION"	"NONDEPENDENT OPIOID ABUSE IN REMISSION"
"305.6"	"NONDEPENDENT COCAINE ABUSE"	"NONDEPENDENT COCAINE ABUSE"
"305.60"	"NONDEPENDENT COCAINE ABUSE UNSPEC"	"NONDEPENDENT COCAINE ABUSE UNSPECIFIED"
"305.61"	"NONDEPENDENT COCAINE ABUSE CONT"	"NONDEPENDENT COCAINE ABUSE CONTINUOUS"
"305.62"	"NONDEPENDENT COCAINE ABUSE EPISODIC"	"NONDEPENDENT COCAINE ABUSE EPISODIC"
"305.63"	"NONDEPENDENT COCAINE ABS REMISSION"	"NONDEPENDENT COCAINE ABUSE IN REMISSION"
"305.7"	"NONDPND AMPHET/REL ACT SYMPHOM ABS"	"NONDEPEND AMPHET/REL ACTING SYMPATHOMIMET ABS"
"305.70"	"AMPHETAMINE/RELATED DRUG ABUSE-UNS"	"NONDEPEND AMPHET/REL ACT SYMPATHOMIMET ABS UNS"
"305.71"	"AMPHETAMINE/RELATED RX ABUSE-CONTIN"	"NONDEPEND AMPHET/REL ACT SYMPATHOMIMET ABS CONT"
"305.72"	"AMPHETAMINE/RELATED DRUG ABUSE-EPIS"	"AMPHETAMINE/RELATED DRUG ABUSE-EPISODIC"
"305.73"	"AMPHETAMINE/RELATED DRUG ABS-REMISS"	"NONDPND AMPHET/REL ACT SYMPATHOMIMET ABS REMISS"
"305.8"	"NONDEPEND ANTIDEPRESSANT TYPE ABS"	"NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE"
"305.80"	"NONDEPEND ANTIDEPTSSNT TYPE ABS UNS"	"NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE UNSPEC"
"305.81"	"NONDPND ANTIDEPTSSNT TYPE ABS CONT"	"NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE CONT"
"305.82"	"NONDEPEND ANTIDEPRESS TYPE ABS EPIS"	"NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE EPISODIC"
"305.83"	"NONDPND ANTIDEPRESS TYPE ABS REMISS"	"NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE REMISSION"
"305.9"	"OTH MIXED/UNSPEC NONDEPEND DRUG ABS"	"OTHER MIXED/UNSPECIFIED NONDEPENDENT DRUG ABUSE"
"305.90"	"OTH MIX/UNS NONDEPEND RX ABS UNS"	"OTH MIXED/UNSPEC NONDEPENDENT DRUG ABUSE UNSPEC"
"305.91"	"OTH MIX/UNS NONDEPEND RX ABS CONT"	"OTHER MIXED/UNSPEC NONDEPENDENT DRUG ABUSE CONT"
"305.92"	"OTH MIX/UNS NONDPND RX ABS EPISODIC"	"OTH MIXED/UNSPEC NONDEPENDENT DRUG ABS EPISODIC"
"305.93"	"OTH MIX/UNS NONDPND RX ABS REMISS"	"OTH MIXED/UNSPEC NONDEPENDENT DRUG ABS REMISSION"

Revised Exhibit I - Part 4 - Exhibit A-1 - Description of Services - Primary - Attach I.A.doc
05/18/2012

HIV/AIDS PHYSICIAN SPECIALIST FORM**VERIFICATION OF QUALIFICATIONS: HIV/AIDS PHYSICIAN SPECIALIST FORM**

Pursuant to California Standing Referral law, Office of AIDS Programs and Policy, requires verification of criteria for credentialing approval specialist in HIV/AIDS. Please read carefully for the “and” and the “or” and check the criteria box(es) listed below that apply to you.

☐ I am licensed by the Medical Board of California to practice medicine in the state of California, and.

☐ I am credentialed as an “HIV Specialist” by the American Academy of HIV Medicine (STOP HERE); or

☐ I am Board Certified or have earned a Certificate of Added Qualification, in the field of HIV medicine granted by a member board of the American Board of Medical Specialties, should a member board of that organization establish board certification, or a Certificate of Added Qualification, in the field of HIV medicine; or

☐ I am Board Certified in the field of infectious diseases by a member board of American Board of Medical Specialties **and** I meet the following qualifications:

☐ In the immediate preceding 12 months, I have clinically managed medical care to a minimum of 25 patients who are infected with HIV; and I have successfully completed a minimum of 15 hours of category 1 continuing medical education (CME) in the prevention of HIV infection, combined with diagnosis, treatment, or both, of HIV-infected patients, including a minimum of 5 hours related to antiretroviral therapy per year; or

☐ In the immediate preceding 24 months, I have clinically managed medical care to a minimum of 20 patients who are infected with HIV; and, in the immediate preceding 12 months, I have completed any of the following (check all that apply):

☐ I have obtained Board Certification or re-certification in the field of Infectious Diseases from a member board of the American Board of Medical Specialties; or

☐ I have successfully completed a minimum of 30 hours of category 1 continuing medical education (CME) in the prevention of HIV infection, combined with diagnosis, treatment, or both, of HIV-infected patients; or

☐ I have successfully completed a minimum of 15 hours of category 1 continuing medical education (CME) in the prevention of HIV infection, combined with diagnosis, treatment, or both, of HIV-infected patients and I have successfully completed the HIV Medicine Competency Maintenance Examination administered by the American Academy of HIV Medicine.

Practitioner Signature: _____ License Number _____ Expiration Date _____

Name of Practitioner (please print) _____

Office Address: _____

Office Telephone: _____ Office Fax _____

EXHIBIT A-2.A
DESCRIPTION OF SERVICES
PRIMARY HEALTH CARE SERVICES
HEALTHY WAY LA HEALTH CARE INITIATIVE
MATCHED AND UNMATCHED PROGRAMS
NON-FQHC COMMUNITY PARTNERS

1. Background: As the result of a May 2006 Request for Proposals ("RFP") for Public-Private Partnership ("PPP") Program Primary Care, Dental Care, and Specialty Care Services, Community Partner was selected to participate in the County's PPP Program. Community Provider wishes to continue the provision of services to the population treated under the PPP Program, which now is known as the Unmatched Program under the Healthy Way Health Care Initiative ("HWLA Initiative").

Further, Community Partner is a provider of services under the South Los Angeles Preservation Fund Program ("Preservation Fund") and the parties wish Community Partner to continue to participate in this program. The Preservation Fund was established to address the regional impact of the closure of Martin Luther King, Jr., Hospital and to help defray County costs for treating uninsured patients in the South Los Angeles area. The Preservation Fund seeks to maintain or improve the patient's current level of health and reduce morbidity, while enhancing objective, measurable quality of care outcomes. Further, the goal of this program is to provide benefits and service enhancements, such as expanded evening and weekend urgent care and/or walk-in services.

Finally, in 2008, the County established the first HWLA Initiative under which Community Partner, as a then current PPP Provider in good standing, was offered, and accepted, the opportunity to provide services under this new health care initiative. With new requirements established by the State of California and the Centers for Medicare and Medicaid Services under a new Demonstration Project, which is described in Exhibit A-5,

the HWLA Initiative will continue through December 31, 2013. The parties mutually desire Community Partner to remain a provider under the new Demonstration Project.

2. Primary Health Care Services: Community Partner shall be responsible for providing primary health care services to all Eligible Unmatched Program and/or Matched Program Patients, as those terms are defined under Exhibit B-1.A of this Agreement. For purposes of this Agreement, "primary health care services" means those services provided by a clinic or a health care provider to patients who require less than twenty-four (24) hours of care for the prevention, diagnosis, or treatment of illness or injury including, but not limited to, advice, therapeutic services, outreach, emergency first aid, information and referral services. Services that are excluded from this Agreement as a primary diagnosis are listed on Attachment I, attached hereto and incorporated herein by reference.

Primary health care services delivered to Eligible Unmatched Program and/or Matched Program Patients shall follow evidence-based guidelines as appropriate to a patient's medical condition. County shall provide Community Partner with Clinical Guidelines for some of the more common medical conditions or disease entities as determined by County, and as those Guidelines are established by organizations including the Agency for Healthcare Quality and Research, National Quality Forum, U.S. Preventive Services Task Force, and Centers for Disease Control and Prevention. The Guidelines shall be issued by County to Community Partner via the PIN process. As part of that process, Community Partner shall be afforded the opportunity to comment for a period of time to be established in the PIN. After all Community Partners have been afforded the opportunity to provide such input, the Guidelines shall be deemed acceptable by all Community Partners and shall be used when care is rendered as set forth herein. County

shall audit Community Partner's provision of primary health care using these Guidelines during annual quality site reviews. Any changes or modifications to the Guidelines shall occur through the PIN process.

Community Partner shall assure that primary health care is provided under this Agreement by health professionals, including non-physician medical practitioners, whose practice is predominantly that of General Medicine, Family Practice, Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) Medical Outpatient Services, Internal Medicine, Pediatrics, Obstetrics or Gynecology. Non-physician medical practitioners shall include nurse practitioners, nurse midwives and physician assistants who are supervised in accordance with the requirements set forth in this Exhibit.

In the event that Community Partner provides pediatric primary health care services under this Agreement, and in addition to the foregoing, Community Partner must be Child Health and Disability Prevention ("CHDPP") certified. Additionally, Internal Medicine and General Medicine practitioners who provide primary health care and who see children sixteen (16) years of age or younger must be CHDPP-certified. Pediatricians and Family Practitioners who provide primary health care and who see children sixteen (16) years of age or younger should be CHDPP-certified but are not required to be so certified.

In the event that Community Partner provides HIV/AIDS Medical Outpatient Services (i.e., evidence-based preventive, diagnostic and therapeutic medical services provided through outpatient medical visits) under this Agreement, and in addition to the foregoing, such services shall be performed by California-licensed health professionals, including physicians, physician assistants, and/or nurse practitioners with requisite training and

experience in HIV/AIDS. Medical outpatient primary-care physicians must be certified as an HIV specialist. All health services provided under this modality shall be in accordance with Department of Health and Human Services (DHHS) HIV Treatment Guidelines and standards of care as determined by the Los Angeles County Commission on HIV. Physicians must demonstrate proficiency as an HIV/AIDS Physician Specialist, as outlined in the HIV Physician Specialist Form attached hereto as Attachment III and incorporated herein by this reference.

Community Partner shall be reimbursed for the provision of primary care services to Eligible Unmatched and Matched Program patients at the rates set forth in Exhibits C-1.A and C-3.A of this Agreement.

3. Reimbursable Services: Community Partner shall be reimbursed by County for primary health care services provided only to Eligible Unmatched and/or Matched Program Patients. To that end, Community Partner shall receive a distinct payment from County for such services only if those services constitute a "billable visit."

A. Billable Visit: For purposes of this Agreement, a "billable visit" shall be defined as a face-to-face encounter between the Eligible Matched and/or Unmatched Program Patient and one of the following health professionals: (1) licensed doctor of medicine or osteopathy; (2) a certified nurse practitioner or nurse midwife; and (3) licensed physician assistant. Physicals and drug testing requested by the patient in order to meet Department of Motor Vehicle, work, or adoption requirements shall not be billable or reimbursable under this Agreement. Additionally, services such as dental, chiropractic, immunization, Mantoux testing, drawing blood, collecting urine specimens, performing laboratory tests, taking x-rays

as a stand-alone visit, and filling or dispensing prescriptions, shall not constitute a billable visit, and, accordingly, shall not receive a distinct payment as primary care services.

Notwithstanding the exclusion pertaining to the refilling and dispensing of medications from the above definition of a "billable visit", and as to Matched Program only, Community Partner may elect to provide medication refills and dispensing, and be reimbursed for those services, in accordance with the rates and process set forth in Exhibit C-2.A and/or Exhibit C-3.A, as applicable.

B. Billable Visit Claiming: Community Partner may claim for only one "billable visit" per day per patient, irrespective of the number of health professionals that the patient sees in a day (e.g. a visit between a patient and a physician and a second visit on the same day between the same patient and another health professional, including a specialty care physician, constitutes only one billable visit). Claims for more than one visit per patient per day will be rejected. County shall reimburse Community Partner only for one billable visit per patient per day, regardless of the number of visits provided and claimed. Notwithstanding the foregoing, Community Partner may claim for dental services provided to the same patient on the same day as a medical visit in the event that Community Partner provides dental services under the Healthy Way LA Initiative.

C. Visit Documented in Medical Record: In order to be reimbursed as a "billable visit," all health services provided during or as a result of a visit shall be recorded in the patient's medical record. At a minimum, Community Partner shall record the following information in the patient's medical record for each billable visit:

patient's chief complaint, interim history, physical findings, diagnosis and treatment plan. Failure to record this information may result in the denial or recoupment of payment for the visit in County's discretion.

D. Ancillary Services: For purposes of this Agreement, "ancillary services" shall include laboratory services, pharmacy services, medical supplies, and basic radiology. Ancillary services shall be reimbursed as follows:

1) Eligible Unmatched Program Patients: A billable visit for primary care services provided to an Eligible Unmatched Program Patient shall include any ancillary services that are needed during or as a result of the visit. Ancillary services that are needed during or provided as a result of a primary care visit shall be part of the all-inclusive rate, which Community Partner receives under this Agreement for each billable visit provided to an Eligible Unmatched Program Patient, as set forth in Exhibit C-1.A. If ancillary services are provided off-site, Community Partner shall have a formal agreement with entities or persons that have agreed to provide these services.

2) Eligible Matched Program Patients: Regardless of whether Community Partner provides ancillary services at its clinic site(s) or arranges for their provision off-site, all ancillary services provided during or as a result of a primary care visit shall be reimbursed according to the rates set forth in Exhibit C-3.A. If ancillary services are provided off-site, Community Partner shall have a formal agreement with entities or persons that have agreed to provide these services. In order to be reimbursed for ancillary services, all

ancillary services provided during or as a result of a visit, shall be recorded in the patient's medical record.

4. Staffing: If Community Partner is utilizing nurse practitioners, nurse midwives, and/or physician assistants in the delivery of primary health care services, Community Partner must have in effect standardized protocols signed by a supervising physician. Additionally, Community Partner shall assure that the following ratios of non-physician medical practitioners supervised by a single physician are maintained at all times:

- Four nurse practitioners to one supervising physician;
- Three nurse midwives to one supervising physician;
- Four physician assistants to one supervising physician;
- A team consisting of any four of these professionals
(nurse practitioners, nurse midwives, and/or physician assistants) as long as the above prescribed limits on nurse midwives and physician assistants are maintained.

5. Workplan: Community Partner shall follow Community Partner's HWLA Initiative Workplan attached hereto and incorporated herein by reference as Attachment II. Any changes to this Workplan must have the prior written consent of the Director.

6. Medi-Cal Program Participation: Community Partner must participate in the Medi-Cal Program and remain in good standing under that program for the entire term of this Agreement. If Community Partner ceases to participate in the Medi-Cal Program, or the State of California and/or CMS, removes Community Partner from that program for any reason whatsoever, County shall have the right to terminate this Agreement immediately.

7. Community Partner's Operations:

A. Hours of Operation: Community Partner shall adhere to the hours of operation set forth in Attachment II. Community Partner shall notify Director in writing of any changes to the specified hours of operation. Except as otherwise necessary in emergency situations, any decrease changes to the specified hours of operation must be requested of Director in writing and shall be at the discretion of the Director to approve.

1) A proposed closure for a holiday, which is not recognized by the County as an official holiday, must be communicated in writing to Director at least thirty (30) calendar days prior to the planned closure. The Director shall respond to Community Partner in writing with his or her decision at least fourteen (14) calendar days prior to the proposed closure. The County's current official holidays are: New Year's Day, Martin L. King, Jr. Day, President's Day, Memorial Day, Fourth of July, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day and the day after, and Christmas Day.

2) If the above procedures have not been followed, and a change in its clinic service site hours or days of operation is made by Community Partner without Director's authorization, Community Partner shall be assessed by the County the amounts set forth as liquidated damages in the LIQUIDATED DAMAGES Paragraph of the body of this Agreement, and not as a penalty, for each regular County day of business following such unauthorized change. Such assessment shall continue until the clinic service site has returned to the new hours and days of operation.

B. Facility Service Sites: Community Partner shall provide services at the service sites set forth in its Workplan Attachment II. Community Partner shall inform Director in writing at least forty-five (45) calendar days prior to adding, closing, or relocating a site, for provision of services hereunder. The addition, deletion, or relocation of a service site may only be affected after obtaining the Director's written approval.

C. Clinic Closure to HWLA Initiative Patients: Community Partner shall not close its practice to established Eligible Unmatched and/or Matched Program Patients. For purposes of this Agreement, an "established Eligible Unmatched and/or Matched Program Patient" shall mean an individual who has been seen at any of the Community Partner's sites for any primary care service within the last twenty-four (24) months.

Community Partner shall notify County in the event that Community Partner must do either of the following:

1) Close its practice to new Eligible Unmatched Program and/or Matched Program Patients. For purposes of this Agreement, a "new Eligible Unmatched and/or Matched Program Patient" shall mean an individual who has not been seen at any of Community Partner's clinic sites for any primary care service in more than 24 months from the first visit after the effective date of this Agreement; or

2) Close its practice due to circumstances beyond its control.

D. Rules for Closure of Clinic to New Unmatched and/or Matched Program Patients: The following rules shall apply to Community Partner's ability to

close and open to new Unmatched and/or Matched Program Eligible Patients as defined above:

1. Eligible Matched Program Patients:

a) A closure must apply uniformly to all new Eligible Matched Program Patients, and a closure will be in effect as set forth in subparagraph 2 hereunder;

b) Community Partner shall notify County in writing no later than thirty (30) days prior to the proposed closure date . Community Partner shall notify County in writing of its intent to reopen its practice in any form thirty (30) days in advance of any reopening.

c) In the event that Community Partner closes its practice as described above, Community Partner shall submit monthly written reports to County which provide the number of patients referred and the name of the agency(ies) that the patients were referred to. Such reports shall be submitted to the County of Los Angeles Department of Health Services, Division of Ambulatory Care, 1000 South Fremont Avenue, Building A-9 East 2nd Floor, Alhambra, California 91803-8859, Attention: CEO. In the event that County determines that Community Partner has closed only to selected, new Eligible Unmatched and/or Matched Program Patients, based upon the above criteria or for any other reason, such conduct shall be considered a material breach of contract upon which County may immediately terminate or suspend this Agreement. County, at its sole option, may obtain damages from Community Partner resulting from said breach.

2. Eligible Unmatched Program Patients:

a) A closure must apply uniformly to all new Eligible Unmatched Program Patients, and a closure will be in effect as set forth in subparagraph 2 hereunder;

b) Community Partner shall notify County in writing no later than thirty (30) days prior to the proposed closure date . Community Partner shall notify County in writing of its intent to reopen its practice in any form writing thirty (30) days in advance of any reopening.

If Community Partner is open to Eligible Unmatched Program Patients for a particular month, it shall be assigned by the County a predetermined number of slots to be available to new Eligible Unmatched Program Patients that it will accept as further set forth herein. Additionally, in accordance with the requirements set forth under Paragraph 15 of this Exhibit, Community Partner shall reserve a fixed number of appointment slots for new Eligible Unmatched Program Patient referrals from County DHS and shall maintain, in the Unmatched Program, any capacity created by the referral of an Eligible Unmatched Program Patient to DHS for services to ensure that the patient has a primary care "slot" to which to return for service upon referral back from DHS.

The number of slots assigned to each Community Partner will be determined according to a formula based upon the Community Partner's total Unmatched Program Maximum Obligation as set forth in Exhibit C-1.A. For each \$100,000 of Community Partner's total Unmatched Program Maximum

Obligation, which amount shall be rounded down to the nearest \$100,000, Community Partner shall make available four (4) slots per month. Community Partner shall provide a minimum of ten (10) slots and a maximum of sixty (60) slots per month. In the event that Community Partner's total Unmatched Program Maximum Obligation is less than \$100,000, County automatically shall assign Community Partner four (4) slots per month.

Notwithstanding the foregoing formula, Community Partner may make available a greater number of slots than required by this formula, but in no event may Community Partner provide fewer than the minimum slots set forth herein.

County shall provide Community Partner with patient referrals on a "rolling" basis thirty (30) calendar days in advance of any given month. Community Partner shall schedule each patient referred by County for an appointment no longer than forty-five (45) days after the patient is referred. In the event that Community Partner is unable to schedule a patient for an appointment within this timeframe, it shall report to the County, within forty-five (45) days of the referral, the reason it was unable to schedule an appointment. County shall provide to Community Partner the protocol for this reporting through the Provider Information Notice ("PIN") process.

Failure by Contractor to meet the requirements of this subparagraph shall be considered a material breach of this Agreement upon which County may immediately terminate or suspend this Agreement. County, at its sole

option, may obtain damages from Community Partner resulting from said breach.

c) In the event that Community Partner closes its practice as set forth herein, Community Partner shall submit monthly written reports to County which provide the number of patients referred and the name of the agency(ies) that the patients were referred to. Such reports shall be submitted to the County of Los Angeles Department of Health Services, Division of Ambulatory Care, 1000 South Fremont Avenue, Building A-9 East 2nd Floor, Alhambra, California 91803-8859, Attention: CEO. In the event that County determines that Community Partner has closed only to selected, new Eligible Unmatched and/or Matched Program Patients, based upon the above criteria or for any other reason, such conduct shall be considered a material breach of contract upon which County may immediately terminate or suspend this Agreement. County, at its sole option, may obtain damages from Community Partner resulting from said breach.

8. Patient Eligibility: Community Partner shall verify and document patient eligibility for services under this Agreement in accordance with the process set forth in Exhibit B-1.A. Verification of patient's Los Angeles County residency, income and insurance status must be documented in the patient's record through the inclusion of all documentation specified in Exhibit B-1.A. Such documentation must be maintained in accordance with the RECORDS AND AUDITS Paragraph of the ADDITIONAL PROVISIONS. Eligible Unmatched Program Patients served under the Unmatched

Program and who are receiving public health related services shall be exempt from the Los Angeles County residency verification process.

9. Provider Credentialing: As set forth in the PERSONNEL Paragraph of the Additional Provisions, Community Partner shall maintain a provider credentialing process, which adheres to the established health care industry credentialing standards and guidelines.

10. Laboratory Services: If Community Partner performs any of the following nine laboratory tests on site, Community Partner must have a current Clinical Laboratory Improvement Act (CLIA) certificate or evidence of a CLIA waiver: dip stick or tablet urinalysis; fecal occult blood; ovulation test using visual color comparison; urine pregnancy test using visual color comparison; Hemoglobin by copper sulfate non-automated; Spun micro hematocrit; Blood glucose using certain devices cleared by the FDA for home use; erythrocyte sedimentation rate non-automated; and automated hemoglobin. If Community Partner performs lab testing beyond these services, it must meet all additional CLIA requirements.

11. Radiology Services:

A. Matched Program: Community Partner shall be responsible for providing basic radiology services that are within the scope of primary health care e.g., screening mammogram and chest x-ray.

Community Partner shall submit a request for a CT or MRI scan through County's Utilization Management ("UM"). County shall respond to urgent CT or MRI requests within three (3) business days for urgent requests and five (5) business days for non-urgent requests. County shall either notify Community Partner that it is

to refer the Eligible Matched Program Patient into the DHS system or notify Community Partner that it may send the patient to a sub-contracted provider and be reimbursed by the County pursuant to the rates and processes set forth in Exhibit C-2.A and/or Exhibit C-3.A . In the event that County fails to respond to Community Partner's request within the above timeframes, Community Partner may send the Eligible Matched Program Patient to a sub-contracted provider, and reimbursement shall be at the Medicare Rate in effect for the radiology service as of the date such service was rendered.

For Community Partners that have been linked for referrals to the County through e-Consult, in the event that a specialist requests a CT or MRI scan and the Patient is unable to access the CT or MRI through the County system within thirty (30) days, Community Partner may send the patient to a sub-contracted provider, and reimbursement shall be at the Medicare Rate in effect for the radiology service as of the date such service was rendered.

B. Unmatched Program: Community Partner shall be responsible for providing basic radiology services that are within the scope of primary health care e.g., screening mammogram and chest x-ray. Exclusions include ultrasound, invasive studies, CT or MRI scans, Doppler studies, and comparison views extremity films.

12. Pharmacy: Community Partner shall provide access, or arrange for access, to medically necessary pharmaceuticals on a seven (7) day per week basis. Community Partner must use the Approved DHS Primary Care Formulary, which shall be provided to Community Partner prior to the commencement of services under this Agreement by way of

the PIN process. Community Partner may prescribe drugs beyond what is listed in the Formulary upon prior authorization from DHS, which process shall be set forth in the Formulary, as well as prescribe therapeutic equivalent (generic) pharmaceuticals, with some exceptions as shall be provided to Community Partner in the Formulary. Community Partner may also counsel patients on non-prescription therapeutic interventions whenever feasible, for example exercise, weight loss, and smoking cessation. Community Partner shall participate in all Patient Assistance Programs (PAPs) provided by individual pharmaceutical companies. The foregoing obligation shall apply to those pharmaceuticals specifically identified in the DHS Primary Care Formulary as "PAP Required" or such other terminology as DHS may choose to employ. Community Partner shall submit on behalf of all of its Eligible Matched Program Patients applications for any applicable PAP. County shall not reimburse Community Partner for the provision of any pharmaceuticals, if permitted under this Agreement, unless the Eligible Matched Program Patient's PAP application has been rejected.

13. Patient Care: As the primary health care provider, Community Partner shall provide coordinated and comprehensive primary health care at the first contact and on a continuous basis in an outpatient setting to all patients. Community Partner shall provide timely access to qualified health care interpretation, as needed and as appropriate, for Eligible Matched and Unmatched Program patients with limited English proficiency.

A. Primary Care Medical Home Community Partner shall serve as the "medical home" for each Eligible Matched Program Patient seen at its clinic location. As such, and only as to Community Partner's with multiple clinic sites, each Eligible Matched Program Patient shall be assigned specifically to one of Community

Partner's clinic sites, but the Eligible Matched Program Patient shall be permitted to seek and receive care at any of Community Partner's other clinic sites. The minimum elements of a medical home shall include:

- 1) The provision of primary health care as set forth in this Exhibit A-2.A, with the primary health care contact facilitating the Eligible Matched Program Patient's access to preventive, primary, specialty, mental health or chronic illness treatment, as appropriate.
- 2) An intake assessment of each Eligible Matched Program Patient's general health status.
- 3) Referrals to qualified professionals, community resources or other agencies as needed.
- 4) Facilitating communication between an Eligible Matched Program Patient's health care providers, including outreach to mental health providers.
- 5) Care management, case management and transitions among levels of care, if needed, and as agreed to between the medical home and the Coverage Expansion Enrollment Demonstration project.
- 6) Use of clinical guidelines and other evidence-based medicine, when applicable, for treatment of an Eligible Matched Program Patient's health care services and timing of clinical preventive services.
- 7) Focus on continuous improvement in quality of care.

8) Health information, education and support to Eligible Matched Program patients and, where appropriate, their families, if and when needed, in a culturally competent manner.

B. Specialty Services: Community Partner shall refer an Eligible Unmatched and/or Matched Program Patient for specialty care only when all treatment options have been exhausted or the patient's medical condition dictates specialty care or both. When either or both circumstances apply, a referral to a DHS specialist may be made. Community Partner shall refer patients to DHS facilities for specialty service using the referral guidelines and tools promulgated by DHS. Within the limits of the specialty clinic's availability, DHS shall be responsible for ensuring that specialty appointments are being made in a timely manner. Community Partner shall assure that all medically appropriate primary care examinations and ancillary services are completed prior to the referral and shall comply with all instructions for transfer which the accepting DHS facility issues. If Community Partner uses non-physician providers, it shall ensure that the referral is reviewed and authorized by a physician prior to submitting the referral to ensure the appropriateness of the referral, and that the referral justification is noted in the patient's medical record and included in the referral to the DHS specialist. Community Partner shall ensure that, prior to referral for specialty care, all patients have completed an Ability-to-Pay application in accordance with the process set forth in Exhibit B-1.A. County will provide Community Partner with the specific processes, tools and guidelines for specialty care referral to DHS upon execution of this Agreement through the Provider Information Notice process.

Notwithstanding any right of Community Partner hereunder to refer patients to County for specialty care, the parties understand that the actual provision of any such services is subject to the decision of County medical staff designated by Director to review such referral. If County medical staff rejects any such referral, Community Partner medical personnel who have initiated the referral shall be contacted by County medical staff for arrangements to return the patient to Community Partner.

Nothing in the foregoing shall be intended or construed to limit the right of a Community Partner to provide specialty care onsite to Eligible Matched Program Patients, or to refer such patients to specialty care by a provider other than DHS, in accordance with Exhibit A-3.A and as to those Community Providers that either provide or have referral relationships for the provision of specialty care.

C. Mental Health Referrals: For Eligible Matched and Unmatched Program Patients, if, through the provision of services hereunder, Community Partner determines that a Matched or Unmatched Program Patient may require mental health services outside of the scope of primary care services permitted hereunder, Community Partner shall refer the patient to the Los Angeles County Department of Mental Health ("DMH") or one of DMH's Contracted Legal Entity Providers. Community Partner shall inform the patient of his/her right to contact DMH directly for such services. County shall provide Community Partner with guidelines and procedures for the circumstances under which a referral to DMH is appropriate as well as with guidelines and procedures for the referral process pursuant to the PIN process. Community Partner shall participate in all necessary

care coordination with the patients' mental health provider. Community Partner shall ensure that a referral to DMH is made immediately upon the patient's request or of the Community Partner's determination that such services are indicated, as applicable.

If Community Partner determines that a patient receiving mental health services within the scope of primary care permitted hereunder requires medication, County shall reimburse Community Partner for the provision of medication as a medication support service in accordance with the process set forth in Exhibit C-1.A, or C-2.A, as applicable. In no event is Community Partner permitted to bill County, pursuant to this Agreement, for mental health services that are outside of scope of primary care services permitted hereunder. All such services shall be reimbursed pursuant to Community Partner's separate agreement for the provision of mental health services as administered by the County's Department of Mental Health.

D. Substance Abuse Referrals: If, through the provision of services hereunder, Community Partner determines that a patient may benefit from substance abuse treatment services, or if a patient inquires about the availability of no-cost substance abuse treatment services, Community Partner shall inform the patient that outpatient substance abuse treatment referrals may be obtained by the patient calling the Information and Referrals to Alcohol and Drug Program Services line at (800) 564-6600.

E. Accessing After-Hour and Emergency Services: Community Partner must triage and provide same-day or next-day care for a patient whom the Community Partner has seen in the past, and who should be seen for urgent

primary care, as that term is defined in Exhibit A-5, within 48 hours. Community Partner shall establish a mechanism to inform Eligible Unmatched Program and/or Matched Program patients how to access primary health care services after hours, during weekends and holidays, and how to access emergency services.

14. Program Management: In accordance with Attachment II, Community Partner's Workplan, Community Partner must:

A. Provide continuous care, as medically appropriate, to patients who have been diagnosed with a chronic disease by primary health care providers at the Community Partner's site(s). Medically necessary follow-up care and medications must be provided without charge to the patient as long as he/she meets either the Unmatched or Matched Program's financial eligibility criteria.

B. Provide same-day or next-day appointments or walk-in services to those patients who should be seen for urgent primary care, as that term is defined in Exhibit A-5, within 48 hours, and regular scheduled appointments for returning patients, as medically necessary.

15. Patient Program Enrollment and Management: Community Partner shall, at all times, use its best efforts to enroll all Eligible Unmatched Program Patients into the Matched Program in accordance with the process set forth in Exhibit B-1.A. County recognizes and acknowledges that, as Community Partner successfully enrolls patients from the Unmatched Program into the Matched Program, Community Partner will create additional primary care capacity in its clinic sites under the Unmatched Program. Community Partner recognizes and acknowledges that County, as a provider of emergency, urgent and complex specialty care, among other services, requires primary

care service sites to which it may send patients no longer in need of these and other DHS services.

In recognition of these facts, the parties agree that Community Partner shall reserve a set proportion of its primary care capacity as set forth in Paragraph 7, subparagraph D of this Exhibit for use by County DHS in recognition of its need to transition certain of its patients from DHS care settings to primary care. Community Partner shall accept all referrals from DHS of these patients so long as it has the service capacity, as set forth herein, to do so. Additionally, Community Partner shall maintain, in the Unmatched Program, any capacity created by the referral of an Eligible Unmatched Program Patient to DHS for services to ensure that the patient has a primary care "slot" to which to return for service upon referral back from DHS.

Notwithstanding the foregoing, Community Partner shall be permitted to enroll patients into its Unmatched and/or Matched Program, using any capacity beyond that reserved for County or not needed by the County, only on condition that Community Partner meets all access standards for the Matched Program as set forth in Exhibit A-5.

16. Performance Measurement:

A. Baseline Measurements: Information provided in the Community Partner's approved Workplan provides baseline information for components of performance reports.

B. County Quarterly Reports: The County will issue quarterly reports to Community Partner to summarize performance of individual agencies. Information on the quarterly reports will be derived from claims adjudication data.

C. Community Partner Quarterly Reports: Community Partner shall provide quarterly reports to the County, as needed, providing information on volume of clinic workload, changes in capacity, and other data that is not available to the Department except through agency self-reporting. County shall notify Community Partner of submission due dates and reporting requirements, as appropriate, via the Provider Information Notice process.

D. Encounter Data: Community Partner shall submit encounter data to County on a monthly basis for all Eligible Unmatched and Matched Program patients. Encounter data shall include all diagnosis codes and relevant procedure codes. Community Partner's obligation to provide encounter data shall apply regardless of whether Community Partner has met its Maximum Obligation for the Unmatched Program in any Fiscal Year such that it no longer claims for services provided to this population pursuant to this Agreement.

E. Data Reporting: For both Eligible Matched and Unmatched Program Patients, Community Partner shall report to DHS on a monthly basis those data elements as either DHS or the State of California or both require which will also include all diagnosis codes and relevant procedure codes. Community Partner's obligation to provide encounter data shall apply regardless of whether Community Partner has met its Maximum Obligation for the Unmatched Program in any Fiscal Year such that it no longer claims for services provided to this population pursuant to this Agreement. DHS shall notify Community Partner of the data required to be provided through the PIN process. As to Eligible Unmatched Program Patients, Community Partner's reporting obligation shall survive the cessation of funding for

the provision of services in any Fiscal Year or part thereof that this Agreement is in effect. County shall update the data elements to be reported hereunder through the PIN process.

17. Performance Improvement: Community Partner shall participate in County activities to improve performance across the Healthy Way LA Initiative. As reasonable, this may include performance meetings with individual Community Partners, peer review meetings, and the review and development of new policies and procedures.

18. Additional Responsibilities for County and Community Partner under the South Los Angeles Preservation Fund Program: In addition to any specific requirements set forth under this Agreement, and during the term of this Agreement as to both parties, Community Partner, if a provider under the South Los Angeles Preservation Fund Program, and County shall be obligated to do all of the following:

A. Responsibilities of Community Partner:

- 1) Provide urgent care to Eligible Unmatched Program patients.

"Urgent care" is defined as a visit that is provided on a walk-in basis or through appointments available within 48 hours of the patient contacting Community Partner for an appointment. Fifty percent of visits reimbursed under the South Los Angeles Medical Services Preservation Fund Program must be provided after hours (after 5:00 p.m.), on the week-end or in the early morning hours. Hours which overlap with regular clinic hours will qualify.

- 2) Refer Eligible Unmatched Program Patients to a Disease Management Program when available.

3) Develop a system to identify that visits provided under the Preservation Fund Program are provided after 5:00 p.m., week-ends, early mornings, same day or scheduled appointment within 48 hours of contacting Partner.

4) Provide quarterly reports to the County providing information on volume of clinic workload, changes in capacity, and other data that is not available to the Department except through agency self-reporting.

5) Provide to County services according to the days and hours specified in Community Partner's Workplan, Attachment II.

B. Responsibilities of County: County will issue quarterly reports to Community Partner to summarize performance of individual agencies, and comparisons to Community Partners similar in size and organization, and to South Los Angeles Medical Services Preservation Fund providers across the entire system. Information on the quarterly reports will be derived from claims adjudication data, Community Partner's quarterly reports, annual monitoring/audit reports, and other sources.

EXCLUDED SERVICES

FAMILY PLANNING		
ICD9Code	Short Description	Long Description
"V25"	"CONTRACEPTIVE MANAGEMENT"	"CONTRACEPTIVE MANAGEMENT"
"V25.0"	"GENERAL CNSL&ADVICE CONTRACEPT MGMT"	"GENERAL COUNSELING&ADVICE CONTRACEPT MANAGEMENT"
"V25.01"	"GENERAL CNSL PRSC ORAL CONTRACEPTS"	"GENERAL COUNSELING PRESCRIPTION ORAL CONTRACEPTS"
"V25.02"	"GEN CNSL INIT OTH CNTRACPT MEASURES"	"GENERAL CNSL INITIATION OTH CONTRACEPT MEASURES"
"V25.03"	"ENCOUNTER EMERG CNTRACPT CNSL&PRSC"	"ENCOUNTER EMERGENCY CONTRACEPT CNSL&PRESCRIPTION"
"V25.09"	"OTH GEN CNSL&ADVICE CNTRACPT MGMT"	"OTH GENERAL CNSL&ADVICE CONTRACEPT MANAGEMENT"
"V25.1"	"INSRTION INTRAUTERN CNTRACPT DEVICE"	"INSERTION OF INTRAUTERINE CONTRACEPTIVE DEVICE"
"V25.2"	"STERILIZATION"	"STERILIZATION"
"V25.3"	"MENSTRUAL EXTRACTION"	"MENSTRUAL EXTRACTION"
"V25.4"	"SURVEILLANCE CNTRACPT METH"	"SURVEILLANCE PREV PRESCRIBED CONTRACEPT METH"
"V25.40"	"UNSPEC CONTRACEPTIVE SURVEILLANCE"	"UNSPECIFIED CONTRACEPTIVE SURVEILLANCE"
"V25.41"	"SURVEILLANCE CNTRACPT PILL"	"SURVEILLANCE PREV PRESCRIBED CONTRACEPT PILL"
"V25.42"	"SURVEILLANCE-PREV PRESCRIBED IUD"	"SURVEILLANCE PREV PRSC INTRAUTERN CNTRACPT DEVC"
"V25.43"	"SURVEILLANCE IMPL SUBDERM CNTRACPT"	"SURVEILLANCE PREV PRSC IMPL SUBDERMAL CONTRACEPT"
"V25.49"	"SURVEIL-OTH PREV CONTRACEPT METH"	"SURVEILLANCE OTH PREV PRSC CONTRACEPT METHOD"
"V25.5"	"INSERTION IMPL SUBDERMAL CONTRACEPT"	"INSERTION OF IMPLANTABLE SUBDERMAL CONTRACEPTIVE"
"V25.8"	"OTHER SPEC CONTRACEPTIVE MANAGEMENT"	"OTHER SPECIFIED CONTRACEPTIVE MANAGEMENT"
"V25.9"	"UNSPEC CONTRACEPTIVE MANAGEMENT"	"UNSPECIFIED CONTRACEPTIVE MANAGEMENT"
"V26"	"PROCREATIVE MANAGEMENT"	"PROCREATIVE MANAGEMENT"
"V26.0"	"TUBOPLASTY/VASOPLASTY AFTR STERILIZ"	"TUBOPLASTY/VASOPLASTY AFTER PREVIOUS STERILIZ"
"V26.1"	"ARTIFICIAL INSEMINATION"	"ARTIFICIAL INSEMINATION"
"V26.2"	"INVESTIGAT&TESTING PROCREAT MGMT"	"INVESTIGATION AND TESTING PROCREATION MANAGEMENT"
"V26.21"	"FERTILITY TESTING"	"FERTILITY TESTING"
"V26.22"	"AFTERCARE FOLLOW STERILIZ REVERSAL"	"AFTERCARE FOLLOWING STERILIZATION REVERSAL"
"V26.29"	"OTHER INVESTIGATION AND TESTING"	"OTHER INVESTIGATION AND TESTING"
"V26.3"	"GENETIC COUNSELING AND TESTING"	"GENETIC COUNSELING AND TESTING"
"V26.4"	"GEN CNSL&ADVICE PROCREATIVE MGMT"	"GENERAL COUNSELING&ADVICE PROCREATIVE MANAGEMENT"
"V26.5"	"STERILIZATION STATUS"	"STERILIZATION STATUS"
"V26.51"	"TUBAL LIGATION STERILIZATION STATUS"	"TUBAL LIGATION STERILIZATION STATUS"
"V26.52"	"VASECTOMY STERILIZATION STATUS"	"VASECTOMY STERILIZATION STATUS"
"V26.8"	"OTHER SPEC PROCREATIVE MANAGEMENT"	"OTHER SPECIFIED PROCREATIVE MANAGEMENT"
"V26.9"	"UNSPECIFIED PROCREATIVE MANAGEMENT"	"UNSPECIFIED PROCREATIVE MANAGEMENT"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"V22"	"NORMAL PREGNANCY"	"NORMAL PREGNANCY"
"V22.0"	"SUPERVISION NORMAL FIRST PREGNANCY"	"SUPERVISION OF NORMAL FIRST PREGNANCY"
"V22.1"	"SUPERVISION OTHER NORMAL PREGNANCY"	"SUPERVISION OF OTHER NORMAL PREGNANCY"
"V22.2"	"PREGNANT STATE"	"INCIDENTAL"
"V23"	"SUPERVISION OF HIGH-RISK PREGNANCY"	"SUPERVISION OF HIGH-RISK PREGNANCY"
"V23.0"	"PREGNANCY W/HISTORY OF INFERTILITY"	"PREGNANCY WITH HISTORY OF INFERTILITY"
"V23.1"	"PG W/HX TROPHOBLASTIC DISEASE"	"PREGNANCY WITH HISTORY OF TROPHOBLASTIC DISEASE"
"V23.2"	"PREGNANCY WITH HISTORY OF ABORTION"	"PREGNANCY WITH HISTORY OF ABORTION"
"V23.3"	"PREGNANCY WITH GRAND MULTIPARITY"	"PREGNANCY WITH GRAND MULTIPARITY"
"V23.4"	"PREGNANCY W/OTH POOR OBSTETRIC HX"	"PREGNANCY WITH OTHER POOR OBSTETRIC HISTORY"
"V23.41"	"SUPERVISION PG W/HX PRE-TERM LABOR"	"SUPERVISION PREGNANCY W/HISTORY PRE-TERM LABOR"
"V23.49"	"SUP PG W/OTH POOR OBSTETRIC HX"	"SUPERVISION PREGNANCY W/OTH POOR OBSTETRIC HX"
"V23.5"	"PG W/OTH POOR REPRODUCTIVE HX"	"PREGNANCY WITH OTHER POOR REPRODUCTIVE HISTORY"
"V23.7"	"INSUFFICIENT PRENATAL CARE"	"INSUFFICIENT PRENATAL CARE"
"V23.8"	"OTHER HIGH-RISK PREGNANCY"	"OTHER HIGH-RISK PREGNANCY"
"V23.81"	"SUPV HI-RISK PG ELDER PRIMIGRAVDA"	"SUPERVISION HIGH-RISK PG ELDER PRIMIGRAVIDA"
"V23.82"	"SUPERVIS HI-RISK PG ELDER MXIGRAVDA"	"SUPERVISION HIGH-RISK PG ELDER MULTIGRAVIDA"
"V23.83"	"SUPV HI-RISK PG YOUNG PRIMIGRAVDA"	"SUPERVISION HIGH-RISK PG YOUNG PRIMIGRAVIDA"
"V23.84"	"SUPERVIS HI-RISK PG YOUNG MXIGRAVDA"	"SUPERVISION HIGH-RISK PG YOUNG MULTIGRAVIDA"
"V23.89"	"SUPERVISION OTH HIGH-RISK PREGNANCY"	"SUPERVISION OF OTHER HIGH-RISK PREGNANCY"
"V23.9"	"UNSPECIFIED HIGH-RISK PREGNANCY"	"UNSPECIFIED HIGH-RISK PREGNANCY"
"V24"	"POSTPARTUM CARE AND EXAMINATION"	"POSTPARTUM CARE AND EXAMINATION"
"V24.0"	"PP CARE&EXAM IMMED AFTER DELIV"	"POSTPARTUM CARE&EXAMINATION IMMED AFTER DELIV"
"V24.1"	"PP CARE&EXAMINATION LACTATING MOTH"	"POSTPARTUM CARE&EXAMINATION OF LACTATING MOTHER"
"V24.2"	"ROUTINE POSTPARTUM FOLLOW-UP"	"ROUTINE POSTPARTUM FOLLOW-UP"
"V27"	"OUTCOME OF DELIVERY"	"OUTCOME OF DELIVERY"
"V27.0"	"OUTCOME OF DELIVERY SINGLE LIVEBORN"	"OUTCOME OF DELIVERY SINGLE LIVEBORN"
"V27.1"	"OUTCOME DELIVERY SINGLE STILLBORN"	"OUTCOME OF DELIVERY SINGLE STILLBORN"
"V27.2"	"OUTCOME DELIV TWINS BOTH LIVEBORN"	"OUTCOME OF DELIVERY TWINS BOTH LIVEBORN"
"V27.3"	"OUTCOME DEL TWINS 1 LIVEB&1 STILLB"	"OUTCOME DELIVERY TWINS 1 LIVEBORN& 1 STILLBORN"
"V27.4"	"OUTCOME DELIV TWINS BOTH STILLBORN"	"OUTCOME OF DELIVERY TWINS BOTH STILLBORN"
"V27.5"	"OUTCOME DELIV OTH MX BRTH ALL LIVEB"	"OUTCOME DELIVERY OTH MULTIPLE BIRTH ALL LIVEBORN"
"V27.6"	"OUTCOME DEL OTH MX BRTH SOME LIVEB"	"OUTCOME DELIV OTH MULTIPLE BIRTH SOME LIVEBORN"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"V27.7"	"OUTCOME DEL OTH MX BRTH ALL STILLB"	"OUTCOME DELIV OTH MULTIPLE BIRTH ALL STILLBORN"
"V27.9"	"OUTCOME OF DELIVERY"	"UNSPECIFIED"
"V28"	"ANTENATAL SCREENING"	"ANTENATAL SCREENING"
"V28.0"	"ANTENATL SCR CHROMOSOM ANOM-AMNIO"	"ANTENATAL SCREENING CHROMOSOMAL ANOMALIES AMNIO"
"V28.1"	"ANTENATL SCR-HI AFP LEVLS AMNIO FL"	"SCREEN-RAISED AMNIOTIC ALPHA-FETAL PROTEIN LEVEL"
"V28.2"	"OTH ANTENATAL SCREENING BASED AMNIO"	"OTHER ANTENATAL SCREENING BASED ON AMNIOCENTESIS"
"V28.3"	"ANTENATAL SCR MALFORM USING USS"	"ANTENATAL SCREENING MALFORM USING ULTRASONICS"
"V28.4"	"ANTENATL SCR FETAL GROWTH RETARD-US"	"ANTENATAL SCR FETAL GROWTH RETARDATION USING US"
"V28.5"	"ANTENATAL SCREENING ISOIMMUNIZATION"	"ANTENATAL SCREENING FOR ISOIMMUNIZATION"
"V28.6"	"SCREENING OF STREPTOCOCCUS B"	"SCREENING OF STREPTOCOCCUS B"
"V28.8"	"OTHER SPECIFIED ANTENATAL SCREENING"	"OTHER SPECIFIED ANTENATAL SCREENING"
"V28.9"	"UNSPECIFIED ANTENATAL SCREENING"	"UNSPECIFIED ANTENATAL SCREENING"
"V29"	"OBS&EVAL NBS&INFNTS SPCTNOT FOUND"	"OBSERVATION&EVAL NBS&INFNTS SPCT COND NOT FOUND"
"V29.0"	"OBS&EVAL NBS&INFNT INF COND NOT FND"	"OBS&EVAL NBS&INFNTS SPCT INF COND NOT FOUND"
"V29.1"	"OBS&EVAL NB&INFNT NURO COND NOT FND"	"OBS&EVAL NBS&INFNTS SPCT NEURO COND NOT FOUND"
"V29.2"	"OBS&EVAL NB&INFNT RESP COND NOT FND"	"OBS&EVAL NBS&INFNTS SPCT RESP COND NOT FOUND"
"V29.3"	"OBSERVATION SPCT GENETIC/METAB COND"	"OBSERVATION SUSPECTED GENETIC/METABOLIC COND"
"V29.8"	"OBS&EVAL NB&INFNT OTH COND NOT FND"	"OBS&EVAL NBS&INFNTS OTH SPEC SPCT COND NOT FOUND"
"V29.9"	"OBS&EVAL NB&INFNT UNS COND NOT FND"	"OBS&EVAL NBS&INFNTS UNSPEC SPCT COND NOT FOUND"
"V30"	"SINGLE LIVEBORN"	"SINGLE LIVEBORN"
"V30.0"	"SINGLE LIVEBORN"	"BORN IN HOSPITAL"
"V30.00"	"SINGLE LIVEBORN HOSP W/O C-SEC"	"SINGLE LIVEBORN HOSPITAL W/O C-SECTION"
"V30.01"	"SINGLE LIVEBORN HOSP C-SEC DELIV"	"SINGLE LIVEBORN HOSPITAL DELIV BY C-SECTION"
"V30.1"	"SINGLE LIVEB BEFORE ADMISS HOSP"	"SINGLE LIVEBORN BORN BEFORE ADMISSION HOSPITAL"
"V30.2"	"SINGLE LIVEB OUTSIDE HOSP&NOT HOSP"	"SINGLE LIVEBORN BORN OUTSIDE HOSPITAL&NOT HOSP"
"V31"	"LIVEBORN TWIN MATE LIVEBORN"	"LIVEBORN TWIN BIRTH MATE LIVEBORN"
"V31.0"	"LIVEBORN TWIN-MATE LIVEBORN HOSP"	"LIVEBORN TWIN-MATE LIVEBORN IN HOSPITAL"
"V31.00"	"LIVEB TWIN-MATE LIVEB HOSP WO C-SEC"	"LIVEBORN TWIN-MATE LIVEBORN HOSP W/O C-SEC"
"V31.01"	"LIVEB TWIN-MATE LIVEB HOSP C-SEC"	"LIVEBORN TWIN-MATE LIVEBORN HOSP C-SEC"
"V31.1"	"LIVEB TWIN-MATE LIVEB BEFOR ADMISS"	"LIVEBORN TWIN-MATE LIVEBORN BEFORE ADMISS"
"V31.2"	"LIVEB TWIN-MATE LIVEB-NOT HOSP"	"LIVEBORN TWIN-MATE LIVEBORN OUTSIDE HOSP"
"V32"	"LIVEBORN TWIN-MATE STILLBORN"	"LIVEBORN TWIN- MATE STILLBORN"
"V32.0"	"LIVEBORN TWIN-MATE STILLBORN HOSP"	"LIVEBORN TWIN-MATE STILLBORN HOSPITAL"
"V32.00"	"LIVEBORN TWIN-MATE STILLB-W/O C-SEC"	"LIVEBORN TWIN-MATE STILLBORN HOSP W/O C-SEC"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"V32.01"	"LIVEBTWIN-MATE STILLB-HOSP C-SEC"	"LIVEBORN TWIN-MATE STILLBORN HOSPITAL C-SEC"
"V32.1"	"LIVEB TWIN-MATE STILLB-BEFOR ADMISS"	"LIVEBORN TWIN-MATE STILLBORN BEFORE ADMISS"
"V32.2"	"LIVEBORN TWIN-MATE STILLB-NOT HOSP"	"LIVEBORN TWIN-MATE STILLB OUTSIDE HOSP&NOT HOSP"
"V33"	"LIVEBORN TWIN-UNS MATE LIVEB/STILLB"	"LIVEBORN TWIN UNS WHETHER MATE LIVEBORN/STILLB"
"V33.0"	"LIVEBORN TWIN-UNS MATE-HOSP"	"LIVEBORN TWIN-UNS MATE LIVEBORN/STILLB HOSP"
"V33.00"	"LIVEB TWIN-UNS MATE-HOSP W/O C-SEC"	"LIVEB TWIN-UNS MATE LIVEB/STILLB-HOSP W/O C-SEC"
"V33.01"	"LIVEBORN TWIN-UNS MATE-HOSP C-SEC"	"TWIN UNS MATE STILLB/LIVEB BORN HOS DEL C/S DEL"
"V33.1"	"LIVEB TWIN-UNS MATE-BEFORE ADMISS"	"LIVB TWIN-UNS MATE LIVEB/STILLB-BEFORE ADMISS"
"V33.2"	"LIVEBORN TWIN-UNS MATE-NOT HOSP"	"LIVEB TWIN-UNS MATE LIVEB/STILLB OUTSIDE HOSP"
"V34"	"LIVEBORN OTH MX MATES ALL LIVEBORN"	"LIVEBORN OTH MULTIPLE MATES ALL LIVEBORN"
"V34.0"	"LIVEB OTH MX-MATES ALL LIVEB HOSP"	"LIVEBORN OTH MULTIPLE-MATES LIVEBORN HOSPITAL"
"V34.00"	"LIVEB OTH MX-MATES LIVEB-W/O C-SEC"	"OTH MX MATES ALL LIVEB BORN HOS DEL W/O C/S DEL"
"V34.01"	"LIVEB OTH MX-MATES LIVEB-HOSP C-SEC"	"LIVEBORN OTH MX-MATES LIVEBORN HOSP C-SEC"
"V34.1"	"LIVEB OTH MX-MATES LIVEB BFOR ADM"	"LIVEBORN OTH MX-MATES LIVEBORN BEFOR ADMISSION"
"V34.2"	"LIVEB OTH MX MATES LIVEB-NOT HOSP"	"LIVEBORN OTH MX-MATES LIVEBORN OUTSIDE HOSP"
"V35"	"LIVEBORN OTH MX MATES ALL STILLBORN"	"LIVEBORN OTHER MULTIPLE MATES ALL STILLBORN"
"V35.0"	"LIVEBORN OTH MX-MATES STILLB HOSP"	"LIVEBORN OTH MX-MATES ALL STILLBORN HOSPITAL"
"V35.00"	"LIVEB OTH MX-MATES STILLB-W/O C-SEC"	"LIVEBORN OTH MX-MATES STILLB HOSP W/O C-SEC"
"V35.01"	"LIVEB OTH MX-MATES STILLB-HOS C-SEC"	"LIVEBORN OTH MX-MATES STILLBORN HOSP C-SEC"
"V35.1"	"LIVEB OTH MX-MATES STILLB-BEFOR ADM"	"LIVEBORN OTH MX-MATES STILLB BEFORE ADMISSION"
"V35.2"	"LIVEB OTH MX- MATES STILLB-NOT HOSP"	"LIVEBORN OTH MX-MATES STILLB OUTSIDE HOSP"
"V36"	"LIVEBORN OTH MX-MATES LIVEB&STILLB"	"LIVEBORN OTH MULTIPLE-MATES LIVEBORN&STILLBORN"
"V36.0"	"LIVEB OTH MX-MATES LIVEB&STILLB HOS"	"LIVEBORN OTH MX-MATES LIVEB&STILLB IN HOSPITAL"
"V36.00"	"LIVEB OTH MX-LIVEB&STILLB-W/O C-SEC"	"LIVEB OTH MX-MATES LIVEB&STILLB HOSP W/O C-SEC"
"V36.01"	"LIVEB OTH MX-LIVEB&STILLB-HOSP C-SE"	"LIVEBORN OTH MX-MATES LIVEB&STILLB HOSP C-SEC"
"V36.1"	"LIVEB OTH MX-LIVEB&STILLB-BFOR ADMI"	"LIVEB OTH MX-MATES LIVEB&STILLB BEFORE ADMISS"
"V36.2"	"LIVEB OTH MX-LIVEB&STILLB-OUT HOSP"	"LIVEB OTH MX-MATES LIVEB&STILLB OUTSIDE HOSP"
"V37"	"LIVEB OTH MX-UNS MATES LIVEB/STILLB"	"LIVEBORN OTH MX-UNS WHETHER MATES LIVEB/STILLB"
"V37.0"	"LIVEBORN OTH MX UNS-IN HOSP"	"LIVEBORN OTH MX-UNS MATES STILLB/LIVEB IN HOSP"
"V37.00"	"LIVEB OTH MX UNS-IN HOSP W/O C-SEC"	"LIVEB OTH MX-UNS MATE LIVEB/STILLB-HOSP WO C-SEC"
"V37.01"	"LIVEBORN OTH MX UNS IN HOSP C-SEC"	"LIVEB OTH MX-UNS MATES LIVEB/STILLB HOSP C-SEC"
"V37.1"	"LIVEB OTH MX UNS-BEFORE ADMISSION"	"LIVEB OTH MX-UNS MATES LIVEB/STILLB BEFOR ADMISS"
"V37.2"	"LIVEBORN OTH MX UNS-OUTSIDE HOSP"	"LIVEB OTH MX-UNS MATES LIVEB/STILLB OUTSIDE HOSP"
"V39"	"LIVEB UNSPEC WHETHER SINGLE TWIN/MX"	"LIVEBORN UNSPEC WHETHER SINGLE TWIN/MULTIPLE"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"V39.0"	"LIVEBORN UNS 1 TWIN/MX BORN HOSP"	"LIVEBORN UNSPEC SINGLE TWIN/MX BORN HOSPITAL"
"V39.00"	"LIVEBORN UNS-IN HOSP W/O C-SEC"	"LIVEBORN UNS SINGLE TWIN/MX IN HOSP W/O C-SEC"
"V39.01"	"LIVEBORN UNS IN HOSP C-SEC"	"LIVEBORN UNS SINGLE TWIN/MX IN HOSP C-SEC"
"V39.1"	"LIVEBORN UNS-BEFORE ADMISSION"	"LIVEBORN UNS SINGLE TWIN/MX BEFORE ADMISSION"
"V39.2"	"LIVEBORN UNS-OUTSIDE HOSP"	"LIVEBORN UNS SINGLE TWIN/MX OUTSIDE HOSP"
"630"	"HYDATIDIFORM MOLE"	"HYDATIDIFORM MOLE"
"631"	"OTHER ABNORMAL PRODUCT CONCEPTION"	"OTHER ABNORMAL PRODUCT OF CONCEPTION"
"632"	"MISSED ABORTION"	"MISSED ABORTION"
"633"	"ECTOPIC PREGNANCY"	"ECTOPIC PREGNANCY"
"633.0"	"ABDOMINAL PREGNANCY"	"ABDOMINAL PREGNANCY"
"633.00"	"ABD PG WITHOUT INTRAUTERINE PG"	"ABD PREGNANCY WITHOUT INTRAUTERINE PREGNANCY"
"633.01"	"ABD PG W/INTRAUTERINE PG"	"ABDOMINAL PREGNANCY WITH INTRAUTERINE PREGNANCY"
"633.1"	"TUBAL PREGNANCY"	"TUBAL PREGNANCY"
"633.10"	"TUBAL PG WITHOUT INTRAUTERINE PG"	"TUBAL PREGNANCY WITHOUT INTRAUTERINE PREGNANCY"
"633.11"	"TUBAL PG W/INTRAUTERINE PG"	"TUBAL PREGNANCY WITH INTRAUTERINE PREGNANCY"
"633.2"	"OVARIAN PREGNANCY"	"OVARIAN PREGNANCY"
"633.20"	"OVARIAN PG WITHOUT INTRAUTERINE PG"	"OVARIAN PREGNANCY WITHOUT INTRAUTERINE PREGNANCY"
"633.21"	"OVARIAN PG W/INTRAUTERINE PG"	"OVARIAN PREGNANCY WITH INTRAUTERINE PREGNANCY"
"633.8"	"OTHER ECTOPIC PREGNANCY"	"OTHER ECTOPIC PREGNANCY"
"633.80"	"OTH ECTOPIC PG W/O INTRAUTERINE PG"	"OTH ECTOPIC PG WITHOUT INTRAUTERINE PG"
"633.81"	"OTH ECTOPIC PG W/INTRAUTERINE PG"	"OTHER ECTOPIC PREGNANCY W/INTRAUTERINE PREGNANCY"
"633.9"	"UNSPECIFIED ECTOPIC PREGNANCY"	"UNSPECIFIED ECTOPIC PREGNANCY"
"633.90"	"UNS ECTOPIC PG W/O INTRAUTERINE PG"	"UNSPEC ECTOPIC PG WITHOUT INTRAUTERINE PG"
"633.91"	"UNSPEC ECTOPIC PG W/INTRAUTERINE PG"	"UNSPEC ECTOPIC PG W/INTRAUTERINE PG"
"634"	"SPONTANEOUS ABORTION"	"SPONTANEOUS ABORTION"
"634.0"	"SPONT AB COMP GENIT TRACT&PELV INF"	"SPONTANEOUS AB COMP GENITAL TRACT&PELVIC INF"
"634.00"	"UNSA B COMP GENIT TRACT&PELV INF"	"UNSPEC SPONT AB COMP GENITAL TRACT&PELV INF"
"634.01"	"INCPLAB COMP GENIT TRACT&PELV INF"	"INCPL SPONTANEOUS AB COMP GENITAL TRACT&PELV INF"
"634.02"	"CMPLAB COMP GENIT TRACT&PELV INF"	"COMPLETE SPONT AB COMP GENITAL TRACT&PELV INF"
"634.1"	"SPONT AB COMP DELAY/EXCESS HEMORR"	"SPONTANEOUS AB COMP DELAY/EXCESSIVE HEMORRHAGE"
"634.10"	"UNS SPONT AB COMP DELAY/XCESS HEMOR"	"UNSPEC SPONTANEOUS AB COMP DELAY/EXCESS HEMORR"
"634.11"	"INCPLAB COMP DELAY/XCESS HEMOR"	"INCPL SPONTANEOUS AB COMP DELAY/EXCESS HEMORR"
"634.12"	"CMPLAB COMP DELAY/XCESS HEMOR"	"COMPLETE SPONTANEOUS AB COMP DELAY/EXCESS HEMORR"
"634.2"	"SPONT AB COMP DAMGE PELV ORGN/TISS"	"SPONTANEOUS AB COMP DAMAGE PELVIC ORGANS/TISSUES"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"634.20"	"UNSAB COMP DAMGE PELV ORGN/TISS"	"UNSPEC SPONT AB COMP DAMGE PELV ORGN/TISSUES"
"634.21"	"INCPLAB COMP DAMGE PELV ORGN/TISS"	"INCPL SPONT AB COMP DAMGE PELV ORGN/TISSUES"
"634.22"	"CMPLAB COMP DAMGE PELV ORGN/TISS"	"COMPLETE SPONT AB COMP DAMGE PELV ORGN/TISSUES"
"634.3"	"SPONTANEOUS AB COMP RENAL FAILURE"	"SPONTANEOUS ABORTION COMPLICATED RENAL FAILURE"
"634.30"	"UNSPEC SPONT AB COMP RENAL FAIL"	"UNSPEC SPONTANEOUS AB COMPLICATED RENAL FAILURE"
"634.31"	"INCPL SPONT AB COMP RENAL FAIL"	"INCOMPLETE SPONTANEOUS AB COMP RENAL FAILURE"
"634.32"	"COMPLETE SPONT AB COMP RENAL FAIL"	"COMPLETE SPONTANEOUS AB COMP RENAL FAILURE"
"634.4"	"SPONTANEOUS AB COMP METAB DISORDER"	"SPONTANEOUS AB COMPLICATED METABOLIC DISORDER"
"634.40"	"UNSPEC SPONT AB COMP METAB DISORDER"	"UNSPEC SPONTANEOUS AB COMP METABOLIC DISORDER"
"634.41"	"INCPL SPONT AB COMP METAB DISORDER"	"INCPL SPONTANEOUS AB COMP METABOLIC DISORDER"
"634.42"	"CMPL SPONT AB COMP METAB DISORDER"	"COMPLETE SPONTANEOUS AB COMP METABOLIC DISORDER"
"634.5"	"SPONTANEOUS AB COMPLICATED SHOCK"	"SPONTANEOUS ABORTION COMPLICATED BY SHOCK"
"634.50"	"UNSPEC SPONTANEOUS AB COMP SHOCK"	"UNSPEC SPONTANEOUS ABORTION COMPLICATED SHOCK"
"634.51"	"INCPL SPONTANEOUS AB COMP SHOCK"	"INCOMPLETE SPONTANEOUS AB COMPLICATED SHOCK"
"634.52"	"COMPLETE SPONTANEOUS AB COMP SHOCK"	"COMPLETE SPONTANEOUS ABORTION COMPLICATED SHOCK"
"634.6"	"SPONTANEOUS AB COMPLICATED EMBOLISM"	"SPONTANEOUS ABORTION COMPLICATED BY EMBOLISM"
"634.60"	"UNSPEC SPONTANEOUS AB COMP EMBOLISM"	"UNSPEC SPONTANEOUS ABORTION COMPLICATED EMBOLISM"
"634.61"	"INCOMPLETE SPONTANEOUS AB COMP EMBO"	"INCOMPLETE SPONTANEOUS AB COMPLICATED EMBOLISM"
"634.62"	"COMPLETE SPONTANEOUS AB COMP EMBO"	"COMPLETE SPONTANEOUS AB COMPLICATED EMBOLISM"
"634.7"	"SPONTANEOUS AB W/OTH SPEC COMPS"	"SPONTANEOUS ABORTION W/OTHER SPEC COMPLICATIONS"
"634.70"	"UNSPEC SPONT AB W/OTH SPEC COMPS"	"UNSPEC SPONTANEOUS AB W/OTH SPEC COMPLICATIONS"
"634.71"	"INCPL SPONT AB W/OTH SPEC COMPS"	"INCOMPLETE SPONTANEOUS AB W/OTH SPEC COMPS"
"634.72"	"COMPLETE SPONT AB W/OTH SPEC COMPS"	"COMPLETE SPONTANEOUS AB W/OTH SPEC COMPLICATIONS"
"634.8"	"SPONTANEOUS AB W/UNSPEC COMP"	"SPONTANEOUS ABORTION W/UNSPECIFIED COMPLICATION"
"634.80"	"UNSPEC SPONTANEOUS AB W/UNSPEC COMP"	"UNSPEC SPONTANEOUS AB W/UNSPEC COMPLICATION"
"634.81"	"INCPL SPONTANEOUS AB W/UNSPEC COMP"	"INCOMPLETE SPONTANEOUS AB W/UNSPEC COMPLICATION"
"634.82"	"COMPLETE SPONT AB W/UNSPEC COMP"	"COMPLETE SPONTANEOUS AB W/UNSPEC COMPLICATION"
"634.9"	"SPONTANEOUS AB WITHOUT MENTION COMP"	"SPONTANEOUS AB WITHOUT MENTION COMPLICATION"
"634.90"	"UNSPEC SPONT AB W/O MENTION COMP"	"UNSPEC SPONTANEOUS AB WITHOUT MENTION COMP"
"634.91"	"INCPL SPONT AB WITHOUT MENTION COMP"	"INCOMPLETE SPONTANEOUS AB WITHOUT MENTION COMP"
"634.92"	"COMPLETE SPONT AB W/O MENTION COMP"	"COMPLETE SPONTANEOUS AB WITHOUT MENTION COMP"
"635"	"LEGALLY INDUCED ABORTION"	"LEGALLY INDUCED ABORTION"
"635.0"	"LEGAL AB COMPL GENIT TRACT&PELV INF"	"LEGALLY INDUCD AB COMPL GENITAL TRACT&PELVIC INF"
"635.00"	"UNS LEGL AB COMPL GEN TRCT&PELV INF"	"UNSPEC LEGL INDUCD AB COMPL GENIT TRACT&PELV INF"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"635.01"	"INCMPL LEGL AB COMPL GENIT&PELV INF"	"INCOMPL LEGL INDUCD AB COMPL GENIT TRCT&PELV INF"
"635.02"	"CMPL LEGL AB COMPL GENITAL&PELV INF"	"CMPL LEGL INDUCD AB COMPL GENITAL TRACT&PELV INF"
"635.1"	"LEGL AB COMPL DELAY/EXCESS HEMORR"	"LEGALLY INDUCED AB COMPL DELAY/EXCESS HEMORRHAGE"
"635.10"	"UNS LEGL AB COMPL DELAY/EXCESS HEM"	"UNSPEC LEGL INDUCD AB COMPL DELAY/EXCESS HEMORR"
"635.11"	"INCMPL LEGL AB COMPL DELAY/XCSS HEM"	"INCOMPL LEGL INDUCD AB COMPL DELAY/EXCESS HEMORR"
"635.12"	"CMPL LEGL AB COMPL DELAY/EXCESS HEM"	"CMPL LEGL INDUCD AB COMPL DELAY/EXCESS HEMORR"
"635.2"	"LEGL AB COMPL DAMGE PELV ORGN/TISS"	"LEGL INDUCD AB COMPL DAMGE PELVIC ORGANS/TISSUES"
"635.20"	"UNS LEGL AB COMPL DAMGE PELV ORGN"	"UNSPEC LEGL INDUCD AB COMPL DAMGE PELV ORGN/TISS"
"635.21"	"LEGL AB COMPL DMGE PELV ORGN INCMPL"	"LEGL INDUCD AB COMPL DAMGE PELV ORGN/TISS INCMPL"
"635.22"	"CMPL LEGL AB COMPL DAMGE PELV ORGN"	"CMPL LEGL INDUCD AB COMPL DAMGE PELV ORGN/TISS"
"635.3"	"LEGALLY INDUCED AB COMP RENAL FAIL"	"LEGALLY INDUCED AB COMPLICATED RENAL FAILURE"
"635.30"	"UNS LEGL INDUCD AB COMP RENL FAIL"	"UNSPEC LEGALLY INDUCED AB COMP RENAL FAILURE"
"635.31"	"INCPL LEGL INDUCD AB COMP RENL FAIL"	"INCOMPLETE LEGALLY INDUCED AB COMP RENAL FAILURE"
"635.32"	"CMPL LEGL INDUCD AB COMP RENAL FAIL"	"COMPLETE LEGALLY INDUCED AB COMP RENAL FAILURE"
"635.4"	"LEGL INDUCD AB COMP METAB DISORDER"	"LEGALLY INDUCED AB COMP METABOLIC DISORDER"
"635.40"	"UNS LEGL INDUCD AB COMP METAB D/O"	"UNSPEC LEGALLY INDUCD AB COMP METABOLIC DISORDER"
"635.41"	"INCPL LEGL INDUCD AB COMP METAB D/O"	"INCPL LEGALLY INDUCED AB COMP METABOLIC DISORDER"
"635.42"	"CMPL LEGL INDUCD AB COMP METAB D/O"	"COMPLETE LEGL INDUCD AB COMP METABOLIC DISORDER"
"635.5"	"LEGALLY INDUCED AB COMP SHOCK"	"LEGALLY INDUCED ABORTION COMPLICATED BY SHOCK"
"635.50"	"UNSPEC LEGALLY INDUCD AB COMP SHOCK"	"UNSPEC LEGALLY INDUCED AB COMPLICATED SHOCK"
"635.51"	"LEGALLY INDUCED AB COMP SHOCK INCPL"	"LEGALLY INDUCED AB COMPLICATED SHOCK INCOMPLETE"
"635.52"	"COMPLETE LEGL INDUCD AB COMP SHOCK"	"COMPLETE LEGALLY INDUCED AB COMPLICATED SHOCK"
"635.6"	"LEGALLY INDUCED AB COMP EMBOLISM"	"LEGALLY INDUCED ABORTION COMPLICATED BY EMBOLISM"
"635.60"	"UNSPEC LEGALLY INDUCED AB COMP EMBO"	"UNSPEC LEGALLY INDUCED AB COMPLICATED EMBOLISM"
"635.61"	"INCPL LEGALLY INDUCED AB COMP EMBO"	"INCOMPLETE LEGALLY INDUCED AB COMP EMBOLISM"
"635.62"	"COMPLETE LEGL INDUCD AB COMP EMBO"	"COMPLETE LEGALLY INDUCED AB COMPLICATED EMBOLISM"
"635.7"	"LEGALLY INDUCED AB W/OTH SPEC COMPS"	"LEGALLY INDUCED AB W/OTH SPEC COMPLICATIONS"
"635.70"	"UNS LEGL INDUCD AB W/OTH SPEC COMPS"	"UNSPEC LEGALLY INDUCED AB W/OTH SPEC COMPS"
"635.71"	"INCPL LEGL INDUCD AB W/OTH COMPS"	"INCOMPLETE LEGALLY INDUCED AB W/OTH SPEC COMPS"
"635.72"	"CMPL LEGL INDUCD AB W/OTH COMPS"	"COMPLETE LEGALLY INDUCED AB W/OTH SPEC COMPS"
"635.8"	"LEGALLY INDUCED AB W/UNSPEC COMP"	"LEGALLY INDUCED ABORTION W/UNSPEC COMPLICATION"
"635.80"	"UNSPEC LEGL INDUCD AB W/UNSPEC COMP"	"UNSPEC LEGALLY INDUCED AB W/UNSPEC COMPLICATION"
"635.81"	"INCPL LEGL INDUCD AB W/UNSPEC COMP"	"INCOMPLETE LEGALLY INDUCED AB W/UNSPEC COMP"
"635.82"	"CMPL LEGL INDUCD AB W/UNSPEC COMP"	"COMPLETE LEGALLY INDUCED AB W/UNSPEC COMP"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"635.9"	"LEGL INDUCD AB WITHOUT MENTION COMP"	"LEGALLY INDUCED AB WITHOUT MENTION COMPLICATION"
"635.90"	"UNS LEGL INDUCD AB W/O MENTION COMP"	"UNSPEC LEGALLY INDUCED AB WITHOUT MENTION COMP"
"635.91"	"INCPL LEGL INDUCD AB W/O COMP"	"INCPL LEGALLY INDUCED AB WITHOUT MENTION COMP"
"635.92"	"CMPL LEGL INDUCD AB W/O COMP"	"COMPLETE LEGALLY INDUCED AB WITHOUT MENTION COMP"
"636"	"ILLEGALLY INDUCED ABORTION"	"ILLEGALLY INDUCED ABORTION"
"636.0"	"ILEG AB COMP GENIT TRACT&PELVIC INF"	"ILEG INDUCD AB COMPL GENIT TRACT&PELVIC INF"
"636.00"	"UNS ILEG AB COMPL GEN TRCT&PELV INF"	"UNSPEC ILEG AB COMPL GENIT TRACT&PELV INF"
"636.01"	"INCMPLE ILEG AB COMPL GENIT&PELV INF"	"INCOMPL ILEG AB COMPL GEN TRACT&PELV INF"
"636.02"	"CMPL ILEG AB COMPL GENITAL&PELV INF"	"CMPL ILEG INDUCD AB COMPL GENITAL TRACT&PELV INF"
"636.1"	"ILEG AB COMPL DELAY/EXCESS HEMORR"	"ILEG INDUCED AB COMPL DELAY/EXCESSIVE HEMORR"
"636.10"	"UNS ILEG AB COMPL DELAY/EXCESS HEM"	"UNSPEC ILEG INDUCED AB COMPL DELAY/EXCESS HEMORR"
"636.11"	"INCMPLE ILEG AB COMPL DELAY/XCSS HEM"	"INCOMPL ILEG INDUCD AB COMPL DELAY/EXCESS HEMORR"
"636.12"	"CMPL ILEG AB COMPL DELAY/EXCESS HEM"	"CMPL ILEG INDUCD AB COMPL DELAY/EXCESS HEMORR"
"636.2"	"ILEG AB COMPL DAMGE PELV ORGN/TISS"	"ILEG INDUCED AB COMPL DAMGE PELVIC ORGANS/TISSUE"
"636.20"	"UNS ILEG AB COMPL DAMGE PELV ORGN"	"UNSPEC ILEG INDUCD AB COMPL DAMGE PELV ORGN/TISS"
"636.21"	"INCMPLE ILEG AB COMPL DMGE PELV ORGN"	"INCOMPL ILEG INDUCD AB COMPL DAMGE PELV ORGN/TISS"
"636.22"	"CMPL ILEG AB COMPL DAMGE PELV ORGN"	"CMPL ILEG INDUCD AB COMPL DAMGE PELV ORGN/TISS"
"636.3"	"ILEG INDUCED AB COMP RENAL FAIL"	"ILLEGALLY INDUCED AB COMPLICATED RENAL FAILURE"
"636.30"	"UNS ILEG INDUCD AB COMP RENL FAIL"	"UNSPEC ILLEGALLY INDUCED AB COMP RENAL FAILURE"
"636.31"	"INCPL ILEG INDUCD AB COMP RENL FAIL"	"INCOMPLETE ILLEGALLY INDUCED AB COMP RENAL FAIL"
"636.32"	"CMPL ILEG INDUCD AB COMP RENAL FAIL"	"COMPLETE ILLEGALLY INDUCED AB COMP RENAL FAILURE"
"636.4"	"ILEG INDUCD AB COMP METAB DISORDER"	"ILLEGALLY INDUCED AB COMP METABOLIC DISORDER"
"636.40"	"UNS ILEG AB COMPL METABOLIC D/O"	"UNSPEC ILEG INDUCED AB COMPL METABOLIC D/O"
"636.41"	"INCPL ILEG INDUCD AB COMP METAB D/O"	"INCOMPL ILEG INDUCED AB COMPL METABOLIC DISORDER"
"636.42"	"CMPL ILEG INDUCD AB COMP METAB D/O"	"COMPLETE ILEG INDUCED AB COMP METABOLIC DISORDER"
"636.5"	"ILLEGALLY INDUCED AB COMP SHOCK"	"ILLEGALLY INDUCED ABORTION COMPLICATED BY SHOCK"
"636.50"	"UNSPEC ILEG INDUCED AB COMP SHOCK"	"UNSPEC ILLEGALLY INDUCED AB COMPLICATED SHOCK"
"636.51"	"INCPL ILEG INDUCED AB COMP SHOCK"	"INCOMPLETE ILLEGALLY INDUCED AB COMP SHOCK"
"636.52"	"COMPLETE ILEG INDUCED AB COMP SHOCK"	"COMPLETE ILLEGALLY INDUCED AB COMPLICATED SHOCK"
"636.6"	"ILLEGALLY INDUCED AB COMP EMBOLISM"	"ILLEGALLY INDUCED ABORTION COMPLICATED EMBOLISM"
"636.60"	"UNSPEC ILEG INDUCED AB COMP EMBO"	"UNSPEC ILLEGALLY INDUCED AB COMPLICATED EMBOLISM"
"636.61"	"INCPL ILEG INDUCED AB COMP EMBO"	"INCOMPLETE ILLEGALLY INDUCED AB COMP EMBOLISM"
"636.62"	"COMPLETE ILEG INDUCED AB COMP EMBO"	"COMPLETE ILLEGALLY INDUCED AB COMP EMBOLISM"
"636.7"	"ILEG INDUCED AB W/OTH SPEC COMPS"	"ILLEGALLY INDUCED AB W/OTH SPEC COMPLICATIONS"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"636.70"	"UNS ILEG INDUCD AB W/OTH SPEC COMPS"	"UNSPEC ILLEGALLY INDUCED AB W/OTH SPEC COMPS"
"636.71"	"INCPL ILEG INDUCD AB W/OTH COMPS"	"INCOMPLETE ILLEGALLY INDUCED AB W/OTH SPEC COMPS"
"636.72"	"CMPL ILEG INDUCD AB W/OTH COMPS"	"COMPLETE ILLEGALLY INDUCED AB W/OTH SPEC COMPS"
"636.8"	"ILLEGALLY INDUCED AB W/UNSPEC COMP"	"ILLEGALLY INDUCED ABORTION W/UNSPEC COMPLICATION"
"636.80"	"UNSPEC ILEG INDUCD AB W/UNSPEC COMP"	"UNSPEC ILLEGALLY INDUCED AB W/UNSPEC COMP"
"636.81"	"INCPL ILEG INDUCED AB W/UNSPEC COMP"	"INCOMPLETE ILLEGALLY INDUCED AB W/UNSPEC COMP"
"636.82"	"CMPL ILEG INDUCD AB W/UNSPEC COMP"	"COMPLETE ILLEGALLY INDUCED AB W/UNSPEC COMP"
"636.9"	"ILEG INDUCD AB WITHOUT MENTION COMP"	"ILLEGALLY INDUCED AB WITHOUT MENTION COMP"
"636.90"	"UNS ILEG INDUCD AB W/O MENTION COMP"	"UNSPEC ILLEGALLY INDUCED AB WITHOUT MENTION COMP"
"636.91"	"INCPL ILEG INDUCD AB W/O COMP"	"INCOMPLETE ILEG INDUCED AB WITHOUT MENTION COMP"
"636.92"	"CMPL ILEG INDUCD AB W/O COMP"	"COMPLETE ILEG INDUCED AB WITHOUT MENTION COMP"
"637"	"LEGALLY UNSPECIFIED ABORTION"	"LEGALLY UNSPECIFIED ABORTION"
"637.0"	"LEGL UNS AB COMP GNT TRACT&PELV INF"	"LEGALLY UNSPEC AB COMP GENITAL TRACT&PELVIC INF"
"637.00"	"AB UNS-CMPL/LEGL COMPL GEN&PELV INF"	"AB UNS AS CMPL/LEGL COMPL GENIT TRACT&PELV INF"
"637.01"	"LEGL UNS AB INCMPL COMPL PELV INF"	"LEGL UNS AB INCOMPL COMPL GENIT TRACT&PELV INF"
"637.02"	"LEGL UNS AB CMPL COMPL GEN&PELV INF"	"LEGL UNS AB CMPL COMPL GENITAL TRACT&PELV INF"
"637.1"	"LEGL UNS AB COMP DELAY/XCESS HEMORR"	"LEGALLY UNSPEC AB COMP DELAY/EXCESS HEMORRHAGE"
"637.10"	"AB UNS CMPL/LEGL COMPL DELAY HEM"	"AB UNS AS CMPL/LEGL COMPL DELAY/EXCESS HEMORR"
"637.11"	"LEGL UNS AB INCMPL COMPL DELAY HEM"	"LEGL UNS AB INCOMPL COMPL DELAY/EXCESS HEMORR"
"637.12"	"LEGL UNS AB CMPL COMPL DELAY HEM"	"LEGL UNS AB COMPLETE COMPL DELAY/EXCESS HEMORR"
"637.2"	"LEGL UNS AB COMPL DAMGE PELV ORGN"	"LEGL UNS AB COMPL DAMGE PELVIC ORGANS/TISSUES"
"637.20"	"AB UNS CMPL/LEGL COMPL DAMGE PELVIC"	"AB UNS AS CMPL/LEGL COMPL DAMGE PELV ORGN/TISS"
"637.21"	"LEGL UNS AB INCMPL COMPL DAMGE PELV"	"LEGL UNS AB INCOMPL COMPL DAMGE PELV ORGN/TISS"
"637.22"	"LEGL UNS AB CMPL COMPL DAMGE PELV"	"LEGL UNS AB CMPL COMPL DAMGE PELV ORGN/TISS"
"637.3"	"LEGALLY UNSPEC AB COMP RENAL FAIL"	"LEGALLY UNSPEC AB COMPLICATED RENAL FAILURE"
"637.30"	"AB UNS AS CMPL/LEGL COMP RENL FAIL"	"AB UNSPEC AS CMPL/LEGALITY COMP RENAL FAILURE"
"637.31"	"LEGL UNSPEC AB INCPL COMP RENL FAIL"	"LEGALLY UNSPEC AB INCOMPLETE COMP RENAL FAILURE"
"637.32"	"LEGL UNSPEC AB CMPL COMP RENAL FAIL"	"LEGALLY UNSPEC AB COMPLETE COMP RENAL FAILURE"
"637.4"	"LEGL UNSPEC AB COMP METAB DISORDER"	"LEGALLY UNSPEC AB COMPLICATED METABOLIC DISORDER"
"637.40"	"AB UNS CMPLNESS/LEGL COMP METAB D/O"	"AB UNSPEC AS CMPLNESS/LEGL COMP METAB DISORDER"
"637.41"	"LEGL UNSPEC AB INCPL COMP METAB D/O"	"LEGALLY UNSPEC AB INCPL COMP METABOLIC DISORDER"
"637.42"	"LEGL UNSPEC AB CMPL COMP METAB D/O"	"LEGL UNSPEC AB COMPLETE COMP METABOLIC DISORDER"
"637.5"	"LEGALLY UNSPEC AB COMPLICATED SHOCK"	"LEGALLY UNSPECIFIED ABORTION COMPLICATED SHOCK"
"637.50"	"AB UNSPEC AS CMPL/LEGL COMP SHOCK"	"AB UNSPEC AS CMPL/LEGALITY COMPLICATED SHOCK"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"637.51"	"LEGALLY UNSPEC AB INCPL COMP SHOCK"	"LEGALLY UNSPEC AB INCOMPLETE COMPLICATED SHOCK"
"637.52"	"LEGL UNSPEC AB COMPLETE COMP SHOCK"	"LEGALLY UNSPEC AB COMPLETE COMPLICATED SHOCK"
"637.6"	"LEGALLY UNSPEC AB COMP EMBOLISM"	"LEGALLY UNSPEC ABORTION COMPLICATED EMBOLISM"
"637.60"	"AB UNSPEC AS CMPL/LEGL COMP EMBO"	"AB UNSPEC AS CMPL/LEGALITY COMPLICATED EMBOLISM"
"637.61"	"LEGALLY UNSPEC AB INCPL COMP EMBO"	"LEGALLY UNSPEC AB INCOMPLETE COMP EMBOLISM"
"637.62"	"LEGL UNSPEC AB COMPLETE COMP EMBO"	"LEGALLY UNSPEC AB COMPLETE COMPLICATED EMBOLISM"
"637.7"	"LEGALLY UNSPEC AB W/OTH SPEC COMPS"	"LEGALLY UNSPEC ABORTION W/OTH SPEC COMPLICATIONS"
"637.70"	"AB UNS CMPL/LEGL W/OTH SPEC COMPS"	"AB UNSPEC AS CMPL/LEGALITY W/OTH SPEC COMPS"
"637.71"	"LEGL UNS AB INCPL W/OTH SPEC COMPS"	"LEGALLY UNSPEC AB INCOMPLETE W/OTH SPEC COMPS"
"637.72"	"LEGL UNS AB CMPL W/OTH SPEC COMPS"	"LEGALLY UNSPEC AB COMPLETE W/OTH SPEC COMPS"
"637.8"	"LEGALLY UNSPEC AB W/UNSPEC COMP"	"LEGALLY UNSPEC ABORTION W/UNSPEC COMPLICATION"
"637.80"	"AB UNS AS CMPL/LEGL W/UNSPEC COMP"	"AB UNSPEC AS CMPL/LEGALITY W/UNSPEC COMPLICATION"
"637.81"	"LEGL UNSPEC AB INCPL W/UNSPEC COMP"	"LEGALLY UNSPEC AB INCOMPLETE W/UNSPEC COMP"
"637.82"	"LEGL UNSPEC AB CMPL W/UNSPEC COMP"	"LEGALLY UNSPEC AB COMPLETE W/UNSPEC COMPLICATION"
"637.9"	"LEGL UNSPEC AB WITHOUT MENTION COMP"	"LEGALLY UNSPEC AB WITHOUT MENTION COMPLICATION"
"637.90"	"UNS TYPE AB UNS CMPL/LEGL W/O COMP"	"UNS TYPE AB UNS AS CMPL/LEGL W/O MENTION COMP"
"637.91"	"LEGL UNS AB INCPL W/O MENTION COMP"	"LEGALLY UNSPEC AB INCPL WITHOUT MENTION COMP"
"637.92"	"LEGL UNS AB CMPL W/O MENTION COMP"	"LEGALLY UNSPEC AB COMPLETE WITHOUT MENTION COMP"
"638"	"FAILED ATTEMPTED ABORTION"	"FAILED ATTEMPTED ABORTION"
"638.0"	"FAILD ATTMP AB COMPL GEN&PELV INF"	"FAILD ATTEMP AB COMP GENITAL TRACT&PELVIC INF"
"638.1"	"FAILATMPT AB COMP DELAY/XCESS HEMOR"	"FAILED ATTEMP AB COMP DELAY/EXCESSIVE HEMORRHAGE"
"638.2"	"FAILD ATTMP AB COMPL DMGE PELV ORGN"	"FAILD ATTEMP AB COMP DAMGE PELVIC ORGANS/TISSUES"
"638.3"	"FAILED ATTEMP AB COMPL RENAL FAILUR"	"FAILED ATTEMPTED AB COMPLICATED RENAL FAILURE"
"638.4"	"FAILD ATTEMP AB COMPL METAB D/O"	"FAILED ATTEMP AB COMPLICATED METABOLIC DISORDER"
"638.5"	"FAILED ATTEMP AB COMPLICATED SHOCK"	"FAILED ATTEMPTED ABORTION COMPLICATED BY SHOCK"
"638.6"	"FAILED ATTEMP AB COMPL EMBOLISM"	"FAILED ATTEMPTED ABORTION COMPLICATED EMBOLISM"
"638.7"	"FAILED ATTEMP AB W/OTH SPEC COMPL"	"FAILED ATTEMPTED AB W/OTH SPEC COMPLICATION"
"638.8"	"FAILED ATTEMP AB W/UNSPEC COMP"	"FAILED ATTEMPTED ABORTION W/UNSPEC COMPLICATION"
"638.9"	"FAILED ATTEMP AB W/O MENTION COMPL"	"FAILED ATTEMPTED AB WITHOUT MENTION COMPLICATION"
"639"	"COMPS FOLLOW AB/ECTOPIC&MOLAR PG"	"COMPS FOLLOWING AB/ECTOPIC&MOLAR PREGNANCIES"
"639.0"	"GENIT&PELV INF FLW AB/ECTOP&MOLR PG"	"GENIT TRACT&PELV INF FOLLOW AB/ECTOPIC&MOLAR PG"
"639.1"	"DLAY/XCESS HEM FLW AB/ECTOP&MOLR PG"	"DELAY/EXCESS HEMORR FOLLOW AB/ECTOPIC&MOLAR PG"
"639.2"	"DMGE PELV ORGN FLW AB/ECTOP&MOLR PG"	"DAMGE PELV ORGN&TISS FOLLOW AB/ECTOPIC&MOLAR PG"
"639.3"	"RENL FAIL FOLLOW AB/ECTOP&MOLAR PG"	"RENAL FAIL FOLLOW AB/ECTOPIC&MOLAR PREGNANCIES"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"639.4"	"METAB D/O FOLLOW AB/ECTOP&MOLAR PG"	"METAB D/O FOLLOW AB/ECTOPIC&MOLAR PREGNANCIES"
"639.5"	"SHOCK FOLLOW AB/ECTOPIC&MOLAR PG"	"SHOCK FOLLOWING AB/ECTOPIC&MOLAR PREGNANCIES"
"639.6"	"EMBO FOLLOW AB/ECTOPIC&MOLAR PG"	"EMBOLISM FOLLOWING AB/ECTOPIC&MOLAR PREGNANCIES"
"639.8"	"OTH SPEC COMP FLW AB/ECTOP&MOLAR PG"	"OTH SPEC COMP FOLLOW AB/ECTOPIC&MOLAR PG"
"639.9"	"UNS COMP FOLLOW AB/ECTOPIC&MOLAR PG"	"UNSPEC COMP FOLLOW AB/ECTOPIC&MOLAR PREGNANCIES"
"64"	"OPERATIONS ON PENIS"	"OPERATIONS ON PENIS"
"64.0"	"CIRCUMCISION"	"CIRCUMCISION"
"64.1"	"DIAGNOSTIC PROCEDURES ON THE PENIS"	"DIAGNOSTIC PROCEDURES ON THE PENIS"
"64.11"	"BIOPSY OF PENIS"	"BIOPSY OF PENIS"
"64.19"	"OTHER DIAGNOSTIC PROCEDURES PENIS"	"OTHER DIAGNOSTIC PROCEDURES ON PENIS"
"64.2"	"LOCAL EXCISION/DESTRUC LESION PENIS"	"LOCAL EXCISION OR DESTRUCTION OF LESION OF PENIS"
"64.3"	"AMPUTATION OF PENIS"	"AMPUTATION OF PENIS"
"64.4"	"REPAIR AND PLASTIC OPERATION PENIS"	"REPAIR AND PLASTIC OPERATION ON PENIS"
"64.41"	"SUTURE OF LACERATION OF PENIS"	"SUTURE OF LACERATION OF PENIS"
"64.42"	"RELEASE OF CHORDEE"	"RELEASE OF CHORDEE"
"64.43"	"CONSTRUCTION OF PENIS"	"CONSTRUCTION OF PENIS"
"64.44"	"RECONSTRUCTION OF PENIS"	"RECONSTRUCTION OF PENIS"
"64.45"	"REPLANTATION OF PENIS"	"REPLANTATION OF PENIS"
"64.49"	"OTHER REPAIR OF PENIS"	"OTHER REPAIR OF PENIS"
"64.5"	"OPERATIONS SEX TRANSFORMATION NEC"	"OPERATIONS FOR SEX TRANSFORMATION NEC"
"64.9"	"OTH OPERATIONS MALE GENITAL ORGANS"	"OTHER OPERATIONS ON MALE GENITAL ORGANS"
"64.91"	"DORSAL OR LATERAL SLIT OF PREPUCE"	"DORSAL OR LATERAL SLIT OF PREPUCE"
"64.92"	"INCISION OF PENIS"	"INCISION OF PENIS"
"64.93"	"DIVISION OF PENILE ADHESIONS"	"DIVISION OF PENILE ADHESIONS"
"64.94"	"FITTING EXTERNAL PROSTHESIS PENIS"	"FITTING OF EXTERNAL PROSTHESIS OF PENIS"
"64.95"	"INSRT NON-INFLATABLE PENILE PROSTH"	"INSERTION/REPLCMT NON-INFLATABLE PENILE PROSTH"
"64.96"	"REMOVAL INTERNAL PROSTHESIS PENIS"	"REMOVAL OF INTERNAL PROSTHESIS OF PENIS"
"64.97"	"INSRT INFLATABLE PENILE PROSTH"	"INSERTION/REPLCMT INFLATABLE PENILE PROSTHESIS"
"64.98"	"OTHER OPERATIONS ON PENIS"	"OTHER OPERATIONS ON PENIS"
"64.99"	"OTH OPERATIONS MALE GENITAL ORGANS"	"OTHER OPERATIONS ON MALE GENITAL ORGANS"
"640"	"HEMORRHAGE IN EARLY PREGNANCY"	"HEMORRHAGE IN EARLY PREGNANCY"
"640.0"	"THREATENED ABORTION"	"THREATENED ABORTION"
"640.00"	"THREATENED AB UNSPEC AS EPIS CARE"	"THREATENED ABORTION UNSPECIFIED AS EPISODE CARE"
"640.01"	"THREATENED ABORTION"	"DELIVERED"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"640.03"	"THREATENED ABORTION"	"ANTEPARTUM"
"640.8"	"OTH SPEC HEMORRHAGE EARLY PREGNANCY"	"OTHER SPECIFIED HEMORRHAGE IN EARLY PREGNANCY"
"640.80"	"OTH SPEC HEMORR EARLY PG UNS EOC"	"OTH SPEC HEMORR EARLY PG UNSPEC AS EPIS CARE"
"640.81"	"OTH SPEC HEMORR EARLY PG DELIV"	"OTHER SPEC HEMORRHAGE EARLY PREGNANCY DELIVERED"
"640.83"	"OTH SPEC HEMORR EARLY PG ANTPRTM"	"OTHER SPEC HEMORRHAGE EARLY PREGNANCY ANTEPARTUM"
"640.9"	"UNSPEC HEMORRHAGE EARLY PREGNANCY"	"UNSPECIFIED HEMORRHAGE IN EARLY PREGNANCY"
"640.90"	"UNS HEMORR EARLY PG UNS AS EPIS CARE"	"UNSPEC HEMORR EARLY PG UNSPEC AS EPIS CARE"
"640.91"	"UNSPEC HEMORR EARLY PREGNANCY DELIV"	"UNSPECIFIED HEMORRHAGE EARLY PREGNANCY DELIVERED"
"640.93"	"UNSPEC HEMORR EARLY PG ANTPRTM"	"UNSPEC HEMORRHAGE EARLY PREGNANCY ANTEPARTUM"
"641"	"ANTPRTM HEM ABRUPTIO&PLACNTA PREVIA"	"ANTPRTM HEMORR ABRUPTIO PLACNTA&PLACENTA PREVIA"
"641.0"	"PLACENTA PREVIA WITHOUT HEMORRHAGE"	"PLACENTA PREVIA WITHOUT HEMORRHAGE"
"641.00"	"PLACNTA PREVIA W/O HEMOR UNS EOC"	"PLACENTA PREVIA W/O HEMORR UNSPEC AS EPIS CARE"
"641.01"	"PLACENTA PREVIA W/O HEMORR DELIV"	"PLACENTA PREVIA WITHOUT HEMORRHAGE WITH DELIVERY"
"641.03"	"PLACENTA PREVIA W/O HEMORR ANTPRTM"	"PLACENTA PREVIA WITHOUT HEMORRHAGE ANTEPARTUM"
"641.1"	"HEMORRHAGE FROM PLACENTA PREVIA"	"HEMORRHAGE FROM PLACENTA PREVIA"
"641.10"	"HEMORR PLACNTA PREVIA UNS EPIS CARE"	"HEMORR FROM PLACENTA PREVIA UNSPEC AS EPIS CARE"
"641.11"	"HEMORR FROM PLACENTA PREVIA W/DELIV"	"HEMORRHAGE FROM PLACENTA PREVIA WITH DELIVERY"
"641.13"	"HEMORR FROM PLACENTA PREVIA ANTPRTM"	"HEMORRHAGE FROM PLACENTA PREVIA ANTEPARTUM"
"641.2"	"PREMATURE SEPARATION OF PLACENTA"	"PREMATURE SEPARATION OF PLACENTA"
"641.20"	"PRMAT SEP PLACNTA UNS AS EPIS CARE"	"PRMAT SEPARATION PLACENTA UNSPEC AS EPIS CARE"
"641.21"	"PRMAT SEPARATION PLACENTA W/DELIV"	"PREMATURE SEPARATION OF PLACENTA WITH DELIVERY"
"641.23"	"PRMAT SEPARATION PLACENTA ANTPRTM"	"PREMATURE SEPARATION OF PLACENTA ANTEPARTUM"
"641.3"	"ANTPRTM HEMORRW/COAGULAT DEFEC"	"ANTPRTM HEMORRHAGE ASSOC W/COAGULATION DEFEC"
"641.30"	"ANTPRTM HEM W/COAGLAT DEFEC UNS EOC"	"ANTPRTM HEMORR W/COAGULAT DEFEC UNS EPIS CARE"
"641.31"	"ANTPRTM HEMORW/COAGULAT DEFEC DELIV"	"ANTPRTM HEMORR ASSOC W/COAGULAT DEFEC W/DELIV"
"641.33"	"ANTPRTM HEM W/COAGLAT DEFEC ANTPRTM"	"ANTPRTM HEMORR ASSOC W/COAGULAT DEFECT ANTPRTM"
"641.8"	"OTHER ANTEPARTUM HEMORRHAGE"	"OTHER ANTEPARTUM HEMORRHAGE"
"641.80"	"OTH ANTPRTM HEMORR UNS AS EPIS CARE"	"OTH ANTEPARTUM HEMORRHAGE UNSPEC AS EPISODE CARE"
"641.81"	"OTH ANTPRTM HEMORRHAGE W/DELIVERY"	"OTHER ANTEPARTUM HEMORRHAGE WITH DELIVERY"
"641.83"	"OTH ANTPRTM HEMORRHAGE ANTPRTM"	"OTHER ANTEPARTUM HEMORRHAGE ANTEPARTUM"
"641.9"	"UNSPECIFIED ANTEPARTUM HEMORRHAGE"	"UNSPECIFIED ANTEPARTUM HEMORRHAGE"
"641.90"	"UNS ANTPRTM HEMORR UNS AS EPIS CARE"	"UNSPEC ANTPRTM HEMORRHAGE UNSPEC AS EPISODE CARE"
"641.91"	"UNSPEC ANTPRTM HEMORRHAGE W/DELIV"	"UNSPECIFIED ANTEPARTUM HEMORRHAGE WITH DELIVERY"
"641.93"	"UNSPEC ANTPRTM HEMORRHAGE ANTPRTM"	"UNSPECIFIED ANTEPARTUM HEMORRHAGE ANTEPARTUM"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"642"	"HTN COMP PG CHLDBRTH&THE PUERPERIUM"	"HTN COMP PREGNANCY CHILDBIRTH&THE PUERPERIUM"
"642.0"	"ESSEN HYPERTEN COMP PREG"	"BEN HTN COMP PG CHLDBRTH&THE PUERPERIUM"
"642.00"	"ESSEN HYPERTEN PREG-UNSP"	"BEN HTN COMP PG CHLDBRTH&THE PUERPERIUM UNS EOC"
"642.01"	"BEN ESSENTIAL HYPERTENSION W/DELIV"	"BENIGN ESSENTIAL HYPERTENSION WITH DELIVERY"
"642.02"	"BEN ESSENTIAL HTN DELIV W/CURR PPC"	"BEN ESSENTIAL HYPERTENSION W/DELIV W/CURRENT PPC"
"642.03"	"BEN ESSENTIAL HYPERTENSION ANTPRTM"	"BENIGN ESSENTIAL HYPERTENSION ANTEPARTUM"
"642.04"	"BEN ESSENTIAL HTN PREVIOUS PPC"	"BENIGN ESSENTIAL HYPERTENSION PREVIOUS PPC"
"642.1"	"RENAL HYPERTEN OF PREG"	"HTN SEC RENAL DZ COMP PG CHLDBRTH&THE PUERPERIUM"
"642.10"	"HTN SEC RENL DZ COMPL PG&PP UNS EOC"	"HTN SEC RENL DZ COMPL PG BRTH&PP UNS EOC"
"642.11"	"HTN SEC RENAL DISEASE W/DELIV"	"HYPERTENSION SEC TO RENAL DISEASE WITH DELIVERY"
"642.12"	"HTN SEC RENAL DZ DELIV W/CURRNT PPC"	"HTN SEC RENAL DISEASE W/DELIV W/CURRENT PP COMPL"
"642.13"	"HTN SEC RENAL DISEASE ANTPRTM"	"HYPERTENSION SEC TO RENAL DISEASE ANTEPARTUM"
"642.14"	"HTN SEC RENAL DZ PREVIOUS PP COND"	"HTN SEC RENAL DISEASE PREVIOUS POSTPARTUM COND"
"642.2"	"OLD HYPERTEN PREG NEC"	"OTH PRE-XST HTN COMP PG CHILDBRTH&THE PUERPERIUM"
"642.20"	"OTH PRE-XST HTN COMPL PG&PP UNS EOC"	"OTH PRE-XST HTN COMPL PG BRTH&PP UNS EOC"
"642.21"	"OTH PRE-EXISTING HTN W/DELIV"	"OTHER PRE-EXISTING HYPERTENSION WITH DELIVERY"
"642.22"	"OTH PRE-XST HTN DELIV W/CURRENT PPC"	"OTH PRE-EXISTING HTN W/DELIV W/CURRENT PP COMPL"
"642.23"	"OTH PRE-EXISTING HTN ANTPRTM"	"OTHER PRE-EXISTING HYPERTENSION ANTEPARTUM"
"642.24"	"OTH PRE-XST HTN PREVIOUS PP COND"	"OTH PRE-EXISTING HTN PREVIOUS POSTPARTUM COND"
"642.3"	"TRANSIENT HYPERTENSION OF PREGNANCY"	"TRANSIENT HYPERTENSION OF PREGNANCY"
"642.30"	"TRANSIENT HTN PG UNS AS EPIS CARE"	"TRANSIENT HTN PREGNANCY UNSPEC AS EPIS CARE"
"642.31"	"TRANSIENT HTN PREGNANCY W/DELIV"	"TRANSIENT HYPERTENSION OF PREGNANCY W/DELIVERY"
"642.32"	"TRANSIENT HTN PG DELIV W/CURRNT PPC"	"TRANSIENT HTN PG W/DELIV W/CURRENT PP COMPL"
"642.33"	"TRANSIENT HTN PREGNANCY ANTPRTM"	"TRANSIENT HYPERTENSION OF PREGNANCY ANTEPARTUM"
"642.34"	"TRANSIENT HTN PG PREVIOUS PP COND"	"TRANSIENT HTN PREGNANCY PREVIOUS POSTPARTUM COND"
"642.4"	"MILD OR UNSPECIFIED PRE-ECLAMPSIA"	"MILD OR UNSPECIFIED PRE-ECLAMPSIA"
"642.40"	"MILD/UNS PRE-ECLAMP UNS EPIS CARE"	"MILD/UNSPEC PRE-ECLAMPSIA UNSPEC AS EPISODE CARE"
"642.41"	"MILD/UNSPEC PRE-ECLAMPSIA W/DELIV"	"MILD OR UNSPECIFIED PRE-ECLAMPSIA WITH DELIVERY"
"642.42"	"MILD/UNS PRE-ECLAMP DEL W/CURR PPC"	"MILD/UNSPEC PRE-ECLAMPSIA W/DELIV W/CURRENT PPC"
"642.43"	"MILD/UNSPEC PRE-ECLAMPSIA ANTPRTM"	"MILD OR UNSPECIFIED PRE-ECLAMPSIA ANTEPARTUM"
"642.44"	"MILD/UNSPEC PRE-ECLAMP PREV PP COND"	"MILD/UNSPEC PRE-ECLAMPSIA PREVIOUS PP COND"
"642.5"	"SEVERE PRE-ECLAMPSIA"	"SEVERE PRE-ECLAMPSIA"
"642.50"	"SEV PRE-ECLAMP UNSPEC AS EPIS CARE"	"SEVERE PRE-ECLAMPSIA UNSPECIFIED AS EPISODE CARE"
"642.51"	"SEVERE PRE-ECLAMPSIA	"WITH DELIVERY"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"642.52"	"SEV PRE-ECLAMP DELIV W/CURRNT PPC"	"SEVERE PRE-ECLAMPSIA W/DELIVERY W/CURRENT PPC"
"642.53"	"SEVERE PRE-ECLAMPSIA	ANTEPARTUM"
"642.54"	"SEVERE PRE-ECLAMP PREVIOUS PP COND"	"SEVERE PRE-ECLAMPSIA PREVIOUS POSTPARTUM COND"
"642.6"	"ECLAMPSIA"	"ECLAMPSIA COMP PG CHILDBIRTH/THE PUERPERIUM"
"642.60"	"ECLAMPSIA-UNSPECIFIED"	"ECLAMPSIA-UNS EOC"
"642.61"	"ECLAMPSIA	WITH DELIVERY"
"642.62"	"ECLAMPSIA W/DELIVERY W/CURRENT PPC"	"ECLAMPSIA W/DELIVERY W/CURRENT PPC"
"642.63"	"ECLAMPSIA	ANTEPARTUM"
"642.64"	"ECLAMPSIA PREVIOUS POSTPARTUM COND"	"ECLAMPSIA PREVIOUS POSTPARTUM CONDITION"
"642.7"	"PRE-ECLAMP/ECLAMP PRE-XST HTN"	"PRE-ECLAMP/ECLAMPSIA SUPERIMPOSED PRE-XST HTN"
"642.70"	"PRE-ECLMP/ECLMP PRE-XST HTN-UNS EOC"	"PRE-ECLAMPSIA/ECLAMPSIA W/PRE-EXIST HTN-UNS EOC"
"642.71"	"PRE-ECLAMP/ECLAMP PRE-XST HTN DELIV"	"PRE-ECLAMP/ECLAMPSIA SUPERIMPS PRE-XST HTN DELIV"
"642.72"	"PRE-ECLMP/ECLMP PRE-XST HTN-DEL-PPC"	"PRE-ECLAMPSIA/ECLMPSIA W/PRE-EXIST HTN-DEL W/PPC"
"642.73"	"PRE-ECLMP/ECLMP PRE-XST HTN ANTPRTM"	"PRE-ECLAMPSIA/ECLAMPSIA PRE-EXIST HTN ANTEPARTUM"
"642.74"	"PRE-ECLAMP/ECLAMP PRE-XST HTN PP"	"PRE-ECLAMP/ECLAMPSIA SUPERIMPOSED PRE-XST HTN PP"
"642.9"	"HYPERTENS COMPL PREG NOS"	"UNSPEC HTN COMP PG CHILDBIRTH/THE PUERPERIUM"
"642.90"	"HYPERTEN PREG NOS-UNSPEC"	"UNS HTN COMP PG CHLDBRTH/THE PUERPERIUM UNS EOC"
"642.91"	"UNSPECIFIED HYPERTENSION W/DELIVERY"	"UNSPECIFIED HYPERTENSION WITH DELIVERY"
"642.92"	"UNSPEC HTN W/DELIV W/CURRENT PPC"	"UNSPEC HYPERTENSION W/DELIVERY W/CURRENT PPC"
"642.93"	"UNSPECIFIED HYPERTENSION ANTEPARTUM"	"UNSPECIFIED HYPERTENSION ANTEPARTUM"
"642.94"	"UNSPEC HTN PREVIOUS POSTPARTUM COND"	"UNSPEC HYPERTENSION PREVIOUS POSTPARTUM COND"
"643"	"EXCESSIVE VOMITING IN PREGNANCY"	"EXCESSIVE VOMITING IN PREGNANCY"
"643.0"	"MILD HYPEREMESIS GRAVIDARUM"	"MILD HYPEREMESIS GRAVIDARUM"
"643.00"	"MILD HYPEREMESIS GRAVDA UNS EOC"	"MILD HYPEREMESIS GRAVIDARUM UNSPEC AS EPIS CARE"
"643.01"	"MILD HYPEREMESIS GRAVIDARUM DELIV"	"MILD HYPEREMESIS GRAVIDARUM DELIVERED"
"643.03"	"MILD HYPEREMESIS GRAVIDARUM ANTPRTM"	"MILD HYPEREMESIS GRAVIDARUM ANTEPARTUM"
"643.1"	"HYPEREMESIS GRAVIDA W/METAB DISTURB"	"HYPEREMESIS GRAVIDARUM W/METABOLIC DISTURBANCE"
"643.10"	"HYPEREMESIS W/METAB DSTUR UNS EOC"	"HYPEREMESIS GRAVIDA W/METAB DSTUR UNS EPIS CARE"
"643.11"	"HYPEREMESIS W/METAB DISTURBANCE DEL"	"HYPEREMESIS GRAVIDA W/METAB DISTURBANCE DELIV"
"643.13"	"HYPEREMESIS W/METAB DISTURB ANTPRTM"	"HYPEREMESIS GRAVIDA W/METAB DISTURBANCE ANTPRTM"
"643.2"	"LATE VOMITING OF PREGNANCY"	"LATE VOMITING OF PREGNANCY"
"643.20"	"LATE VOMITING PG UNS AS EPIS CARE"	"LATE VOMITING PREGNANCY UNSPEC AS EPISODE CARE"
"643.21"	"LATE VOMITING PREGNANCY DELIVERED"	"LATE VOMITING OF PREGNANCY DELIVERED"
"643.23"	"LATE VOMITING PREGNANCY ANTEPARTUM"	"LATE VOMITING OF PREGNANCY ANTEPARTUM"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"643.8"	"OTH VOMITING COMPLICATING PREGNANCY"	"OTHER VOMITING COMPLICATING PREGNANCY"
"643.80"	"OTH VOMITING COMP PG UNS EPIS CARE"	"OTH VOMITING COMP PREGNANCY UNSPEC AS EPIS CARE"
"643.81"	"OTH VOMITING COMP PREGNANCY DELIV"	"OTHER VOMITING COMPLICATING PREGNANCY DELIVERED"
"643.83"	"OTH VOMITING COMP PREGNANCY ANTPRTM"	"OTHER VOMITING COMPLICATING PREGNANCY ANTEPARTUM"
"643.9"	"UNSPECIFIED VOMITING OF PREGNANCY"	"UNSPECIFIED VOMITING OF PREGNANCY"
"643.90"	"UNS VOMITING PG UNS AS EPIS CARE"	"UNSPEC VOMITING PREGNANCY UNSPEC AS EPISODE CARE"
"643.91"	"UNSPEC VOMITING PREGNANCY DELIVERED"	"UNSPECIFIED VOMITING OF PREGNANCY DELIVERED"
"643.93"	"UNSPEC VOMITING PREGNANCY ANTPRTM"	"UNSPECIFIED VOMITING OF PREGNANCY ANTEPARTUM"
"644"	"EARLY OR THREATENED LABOR"	"EARLY OR THREATENED LABOR"
"644.0"	"THREATENED PREMATURE LABOR"	"THREATENED PREMATURE LABOR"
"644.00"	"THREATENED PRMAT LABR UNS EPIS CARE"	"THREATENED PREMATURE LABOR UNSPEC AS EPIS CARE"
"644.03"	"THREATENED PREMATURE LABOR ANTPRTM"	"THREATENED PREMATURE LABOR ANTEPARTUM"
"644.1"	"OTHER THREATENED LABOR"	"OTHER THREATENED LABOR"
"644.10"	"OTH THREATENED LABR UNS EPIS CARE"	"OTHER THREATENED LABOR UNSPEC AS EPISODE CARE"
"644.13"	"OTHER THREATENED LABOR"	ANTEPARTUM"
"644.2"	"EARLY ONSET OF DELIVERY"	"EARLY ONSET OF DELIVERY"
"644.20"	"ERLY ONSET DELIV UNS AS EPIS CARE"	"EARLY ONSET DELIVERY UNSPECIFIED AS EPISODE CARE"
"644.21"	"EARLY ONSET DELIVERY-DEL"	"ERLY ONSET DELIV DELIV W/WO MENTION ANTPRTM COND"
"645"	"PROLONGED PREGNANCY"	"PROLONGED PREGNANCY"
"645.1"	"POST TERM PREGNANCY"	"POST TERM PREGNANCY"
"645.10"	"POST TERM PG UNS EOC/NOT APPLIC"	"POST TERM PG UNSPEC AS EPIS CARE/NOT APPLIC"
"645.11"	"POST TERM PG DEL W/WO ANTPRTM COND"	"POST TERM PG DELIV W/WO MENTION ANTPRTM COND"
"645.13"	"POST TERM PG ANTPRTM COND/COMP"	"POST TERM PREGNANCY ANTEPARTUM COND/COMPLICATION"
"645.2"	"PROLONGED PREGNANCY"	"PROLONGED PREGNANCY"
"645.20"	"PROLNG PG UNS EPIS CARE/NOT APPLIC"	"PROLONGED PG UNSPEC AS EPIS CARE/NOT APPLIC"
"645.21"	"PROLNG PG DELIV W/WO ANTPRTM COND"	"PROLONGED PG DELIV W/WO MENTION ANTPRTM COND"
"645.23"	"PROLONG PG DELIV ANTPRTM COND/COMP"	"PROLONGED PREGNANCY DELIVERED ANTPRTM COND/COMP"
"646"	"OTHER COMPLICATIONS PREGNANCY NEC"	"OTHER COMPLICATIONS OF PREGNANCY NEC"
"646.0"	"PAPYRACEOUS FETUS"	"PAPYRACEOUS FETUS"
"646.00"	"PAPYRACEOUS FETUS UNS AS EPIS CARE"	"PAPYRACEOUS FETUS UNSPECIFIED AS TO EPISODE CARE"
"646.01"	"PAPYRACEOUS FETUS-DELIV"	"PAPYRACEOUS FETUS DELIV W/WO ANTPRTM COND"
"646.03"	"PAPYRACEOUS FETUS"	ANTEPARTUM"
"646.1"	"EDEMA/XCESS WT GAIN PG W/O HTN"	"EDEMA/EXCESS WEIGHT GAIN PG WITHOUT MENTION HTN"
"646.10"	"EDEMA/XCESS WT GAIN PG UNS EOC"	"EDEMA/EXCESS WEIGHT GAIN PG UNSPEC AS EPIS CARE"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"646.11"	"EDEMA IN PREG-DELIVERED"	"EDEMA/XCESS WT GAIN PG DELIV W/WO ANTPRTM COMP"
"646.12"	"EDEMA IN PREG-DEL W P/P"	"EDEMA/EXCESS WEIGHT GAIN PG DELIV W/CURRENT PPC"
"646.13"	"EDEMA/EXCESSIVE WEIGHT GAIN ANTPRTM"	"EDEMA OR EXCESSIVE WEIGHT GAIN ANTEPARTUM"
"646.14"	"EDEMA/XCESS WT GAIN PREV PP COND"	"EDEMA/EXCESS WEIGHT GAIN PREVIOUS PP COND"
"646.2"	"UNSPEC RENAL DZ PG W/O MENTION HTN"	"UNSPEC RENAL DISEASE PG WITHOUT MENTION HTN"
"646.20"	"UNS RENL DZ PG UNS AS EPIS CARE"	"UNSPEC RENAL DISEASE PG UNSPEC AS EPIS CARE"
"646.21"	"UNSPEC RENAL DISEASE PG W/DELIV"	"UNSPECIFIED RENAL DISEASE PREGNANCY W/DELIVERY"
"646.22"	"UNS RENL DZ PG DELIV W/CURRNT PPC"	"UNSPEC RENAL DISEASE PG W/DELIV W/CURRENT PPC"
"646.23"	"UNSPEC ANTEPARTUM RENAL DISEASE"	"UNSPECIFIED ANTEPARTUM RENAL DISEASE"
"646.24"	"UNSPEC RENAL DZ PREVIOUS PP COND"	"UNSPEC RENAL DISEASE PREVIOUS POSTPARTUM COND"
"646.3"	"PREGNANCY COMP HABITUAL ABORTER"	"PREGNANCY COMPLICATION HABITUAL ABORTER"
"646.30"	"PG COMP HABITUAL ABORTER UNS EOC"	"PG COMP HABITUAL ABORTER UNSPEC AS EPIS CARE"
"646.31"	"HABITUAL ABORTER-DELIVER"	"PG COMP HABITUAL ABORTER W/WO ANTPRTM COND"
"646.33"	"HABITUAL ABORTER ANTPRTM COND/COMP"	"HABITUAL ABORTER ANTEPARTUM COND/COMPLICATION"
"646.4"	"PERIPHERAL NEURITIS IN PREGNANCY"	"PERIPHERAL NEURITIS IN PREGNANCY"
"646.40"	"PERIPH NEURITIS PG UNS AS EPIS CARE"	"PERIPH NEURITIS PREGNANCY UNSPEC AS EPIS CARE"
"646.41"	"PERIPH NEURITIS PREGNANCY W/DELIV"	"PERIPHERAL NEURITIS IN PREGNANCY WITH DELIVERY"
"646.42"	"PERIPH NEURITIS PG DELIV W/CURR PPC"	"PERIPH NEURITIS PREGNANCY W/DELIV W/CURRENT PPC"
"646.43"	"PERIPHERAL NEURITIS ANTEPARTUM"	"PERIPHERAL NEURITIS ANTEPARTUM"
"646.44"	"PERIPH NEURITIS PREVIOUS PP COND"	"PERIPHERAL NEURITIS PREVIOUS POSTPARTUM COND"
"646.5"	"ASYMPTOMATIC BACTERIURIA PREGNANCY"	"ASYMPTOMATIC BACTERIURIA IN PREGNANCY"
"646.50"	"ASX BACTERIURIA PG UNS AS EPIS CARE"	"ASYMPTOMATIC BACTERIURIA PG UNSPEC AS EPIS CARE"
"646.51"	"ASYMPTOMATIC BACTERIURIA PG W/DELIV"	"ASYMPTOMATIC BACTERIURIA IN PREGNANCY W/DELIVERY"
"646.52"	"ASX BACTERIURIA PG DELIV W/CURR PPC"	"ASX BACTERIURIA PG W/DELIV W/CURRENT PPC"
"646.53"	"ASYMPTOMATIC BACTERIURIA ANTEPARTUM"	"ASYMPTOMATIC BACTERIURIA ANTEPARTUM"
"646.54"	"ASX BACTERIURIA PREVIOUS PP COND"	"ASYMPTOMATIC BACTERIURIA PREVIOUS PP COND"
"646.6"	"INFECTIONS GU TRACT PREGNANCY"	"INFECTIONS OF GENITOURINARY TRACT IN PREGNANCY"
"646.60"	"INFS GU TRACT PG UNS AS EPIS CARE"	"INFS GU TRACT PREGNANCY UNSPEC AS EPIS CARE"
"646.61"	"INFS GU TRACT PREGNANCY W/DELIV"	"INFECTIONS GENITOURINARY TRACT PREGNANCY W/DELIV"
"646.62"	"INFS GU TRACT PG DELIV W/CURRNT PPC"	"INFS GU TRACT PREGNANCY W/DELIV W/CURRENT PPC"
"646.63"	"INFECTIONS GU TRACT ANTPRTM"	"INFECTIONS OF GENITOURINARY TRACT ANTEPARTUM"
"646.64"	"INFS GU TRACT PREVIOUS PP COND"	"INFECTIONS GU TRACT PREVIOUS POSTPARTUM COND"
"646.7"	"LIVER DISORDERS IN PREGNANCY"	"LIVER DISORDERS IN PREGNANCY"
"646.70"	"LIVER D/O PG UNSPEC AS EPIS CARE M"	"LIVER D/O PREGNANCY UNSPEC AS EPISODE CARE M"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"646.71"	"LIVER DISORDERS PREGNANCY W/DELIV"	"LIVER DISORDERS IN PREGNANCY WITH DELIVERY"
"646.73"	"LIVER DISORDERS ANTEPARTUM"	"LIVER DISORDERS ANTEPARTUM"
"646.8"	"OTHER SPEC COMPLICATIONS PREGNANCY"	"OTHER SPECIFIED COMPLICATIONS OF PREGNANCY"
"646.80"	"OTH SPEC COMP PG UNS AS EPIS CARE"	"OTH SPEC COMP PREGNANCY UNSPEC AS EPISODE CARE"
"646.81"	"OTH SPEC COMP PREGNANCY W/DELIVERY"	"OTHER SPEC COMPLICATION PREGNANCY W/DELIVERY"
"646.82"	"OTH SPEC COMPS PG DELIV W/CURR PPC"	"OTH SPEC COMPS PREGNANCY W/DELIV W/CURRENT PPC"
"646.83"	"OTH SPECIFED COMPLICATION ANTPRTM"	"OTHER SPECIFED COMPLICATION ANTEPARTUM"
"646.84"	"OTH SPEC COMPS PREVIOUS PP COND"	"OTH SPEC COMPLICATIONS PREVIOUS POSTPARTUM COND"
"646.9"	"UNSPECIFIED COMPLICATION PREGNANCY"	"UNSPECIFIED COMPLICATION OF PREGNANCY"
"646.90"	"UNSPEC COMP PG UNSPEC AS EPIS CARE"	"UNSPEC COMP PREGNANCY UNSPEC AS EPISODE CARE"
"646.91"	"UNSPEC COMP PREGNANCY W/DELIVERY"	"UNSPECIFIED COMPLICATION OF PREGNANCY W/DELIVERY"
"646.93"	"UNSPEC COMP PREGNANCY ANTPRTM"	"UNSPECIFIED COMPLICATION OF PREGNANCY ANTEPARTUM"
"647"	"INFECTIVE DIS IN PREG"	"INFECT-PARASITIC MATERNAL CCE-COMPLICATING PC/P"
"647.0"	"SYPHILIS IN PREGNANCY"	"MTRN SYPHILIS COMP PG CHILDBIRTH/THE PUERPERIUM"
"647.00"	"SYPHILIS IN PREG-UNSPEC"	"MATERNAL SYPHILIS-COMPLICATING PC/P-UNS EOC"
"647.01"	"MTRN SYPHILIS COMP PG W/DELIV"	"MATERNAL SYPHILIS COMP PREGNANCY W/DELIVERY"
"647.02"	"MTRN SYPH COMP PG DELIV W/CURR PPC"	"MTRN SYPHILIS COMP PG W/DELIV W/CURRENT PPC"
"647.03"	"MATERNAL SYPHILIS	ANTEPARTUM"
"647.04"	"MTRN SYPHILIS PREVIOUS PP COND"	"MATERNAL SYPHILIS PREVIOUS POSTPARTUM CONDITION"
"647.1"	"GONORRHEA IN PREGNANCY"	"MTRN GONORRHEA COMP PG CHILDBIRTH/THE PUERPERIUM"
"647.10"	"GONORRHEA IN PREG-UNSPEC"	"MATERNAL GONORRHEA-COMPLICATING PC/P-UNS EOC"
"647.11"	"MATERNAL GONORRHEA WITH DELIVERY"	"MATERNAL GONORRHEA WITH DELIVERY"
"647.12"	"MTRN GONORRHEA DELIV W/CURRENT PPC"	"MATERNAL GONORRHEA W/DELIVERY W/CURRENT PPC"
"647.13"	"MATERNAL GONORRHEA	ANTEPARTUM"
"647.14"	"MTRN GONORRHEA PREVIOUS PP COND"	"MATERNAL GONORRHEA PREVIOUS POSTPARTUM CONDITION"
"647.2"	"OTHER VENEREAL DIS IN PREG"	"OTH MATERNAL VENEREAL DISEASES-COMPLICATING PC/P"
"647.20"	"OTHER VD IN PREG-UNSPEC"	"OTH MATERNAL VENEREAL DZ-COMPLICAT PC/P-UNS EOC"
"647.21"	"OTH MATERNAL VENEREAL DZ W/DELIV"	"OTHER MATERNAL VENEREAL DISEASES WITH DELIVERY"
"647.22"	"OTH MTRN VNEREL DZ DELIV W/CURR PPC"	"OTH MATERNAL VENEREAL DZ W/DELIV W/CURRENT PPC"
"647.23"	"OTHER VD-ANTEPARTUM"	"OTH ANTPRTM MTRN VNEREL DISEASE PREVIOUS PP COND"
"647.24"	"OTHER POSTPARTUM VENEREAL DISEASES"	"OTHER POSTPARTUM VENEREAL DISEASES"
"647.3"	"TUBERCULOSIS IN PREG"	"MTRN TB COMP PG CHILDBIRTH/THE PUERPERIUM"
"647.30"	"TB IN PREG-UNSPECIFIED"	"MTRN TB COMP PG CHLDBRTH/THE PUERPERIUM UNS EOC"
"647.31"	"MATERNAL TUBERCULOSIS WITH DELIVERY"	"MATERNAL TUBERCULOSIS WITH DELIVERY"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"647.32"	"MTRN TB W/DELIV W/CURRENT PPC"	"MATERNAL TUBERCULOSIS W/DELIVERY W/CURRENT PPC"
"647.33"	"MATERNAL TUBERCULOSIS	ANTEPARTUM"
"647.34"	"MTRN TUBERCULOSIS PREVIOUS PP COND"	"MATERNAL TUBERCULOSIS PREVIOUS POSTPARTUM COND"
"647.4"	"MALARIA IN PREGNANCY"	"MTRN MALARIA COMP PG CHILDBIRTH/THE PUERPERIUM"
"647.40"	"MALARIA IN PREG-UNSPEC"	"MATERNAL MALARIA-COMPLICATING PC/P-UNS EOC"
"647.41"	"MATERNAL MALARIA WITH DELIVERY"	"MATERNAL MALARIA WITH DELIVERY"
"647.42"	"MTRN MALARIA W/DELIV W/CURRENT PPC"	"MATERNAL MALARIA W/DELIVERY W/CURRENT PPC"
"647.43"	"MATERNAL MALARIA	ANTEPARTUM"
"647.44"	"MTRN MALARIA PREVIOUS PP COND"	"MATERNAL MALARIA PREVIOUS POSTPARTUM CONDITION"
"647.5"	"RUBELLA IN PREGNANCY"	"MTRN RUBELLA COMP PG CHILDBIRTH/THE PUERPERIUM"
"647.50"	"MAT RUBELLA COMP PG BRTH/PP UNS EOC"	"MAT RUBELLA COMPL PG BRTH/PP UNS EOC"
"647.51"	"MATERNAL RUBELLA WITH DELIVERY"	"MATERNAL RUBELLA WITH DELIVERY"
"647.52"	"MTRN RUBELLA W/DELIV W/CURRENT PPC"	"MATERNAL RUBELLA W/DELIVERY W/CURRENT PPC"
"647.53"	"MATERNAL RUBELLA	ANTEPARTUM"
"647.54"	"MTRN RUBELLA PREVIOUS PP COND"	"MATERNAL RUBELLA PREVIOUS POSTPARTUM CONDITION"
"647.6"	"OTHER VIRAL DIS IN PREG"	"OTH MTRN VIRL DZ COMP PG CHLDBRTH/THE PUERPERIUM"
"647.60"	"OTH MAT VD COMPL PG BRTH/PP UNS EOC"	"OTH MATERNAL VIRAL DZ-COMPLICATING PC/P-UNS EOC"
"647.61"	"OTH MATERNAL VIRAL DISEASE W/DELIV"	"OTHER MATERNAL VIRAL DISEASE WITH DELIVERY"
"647.62"	"OTH MTRN VIRL DZ DELIV W/CURRNT PPC"	"OTH MATERNAL VIRAL DISEASE W/DELIV W/CURRENT PPC"
"647.63"	"OTH MATERNAL VIRAL DISEASE ANTPRTM"	"OTHER MATERNAL VIRAL DISEASE ANTEPARTUM"
"647.64"	"OTH MTRN VIRAL DZ PREVIOUS PP COND"	"OTH MTRN VIRAL DISEASE PREVIOUS POSTPARTUM COND"
"647.8"	"OTH MAT INF&PARASIT DZ COMPL PG/PP"	"OTH MATERNAL INFECTIOUS-PARASITIC DZ-COMPLI PC/P"
"647.80"	"OTH MAT INF-COMPL PG CB/PP-UNS EOC"	"OTH MATERN INFECT-PARASIT DZ-COMPLI PC/P-UNS EOC"
"647.81"	"OTH MTRN INF&PARASITIC DZ DELIV"	"OTH SPEC MATERNAL INF&PARASITIC DISEASE W/DELIV"
"647.82"	"OTH MAT INF&PARASIT DZ-DEL-PP COMPL"	"OTH SPEC MTRN INF&PARASITIC DZ DELIV W/CURR PPC"
"647.83"	"OTH MTRN INF&PARASITIC DZ ANTPRTM"	"OTH SPEC MATERNAL INF&PARASITIC DISEASE ANTPRTM"
"647.84"	"OTH MAT INF&PARASIT DZ-PREV PP COND"	"OTH SPEC MTRN INF&PARASITIC DZ PREVIOUS PP COND"
"647.9"	"INFECTION IN PREG NOS"	"UNS MATERNAL INFECTION/INFESTATION-COMPLI PC/P"
"647.90"	"UNS MAT INF COMPL PG CB/PP UNS EOC"	"UNS MATERN INFECT/INFESTAT-COMPLI PC/P-UNS EOC"
"647.91"	"UNSPEC MATERNAL INF/INFEST W/DELIV"	"UNSPEC MATERNAL INFECTION/INFESTATION W/DELIVERY"
"647.92"	"UNS MTRN INF/INFEST DEL W/CURR PPC"	"UNSPEC MATERNAL INF/INFEST W/DELIV W/CURRENT PPC"
"647.93"	"UNSPEC MATERNAL INF/INFEST ANTPRTM"	"UNSPEC MATERNAL INFECTION/INFESTATION ANTEPARTUM"
"647.94"	"UNSPEC MTRN INF/INFEST PREV PP COND"	"UNSPEC MTRN INF/INFEST PREVIOUS POSTPARTUM COND"
"648"	"OTH CURRENT MATERNL CCE-COMPL P C/P"	"OTH CURRENT MATERNAL CCE-COMPLICATING PC/P"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"648.0"	"DIABETES MELLIT IN PREG"	"MTRN DM COMP PREGNANCY CHILDBIRTH/THE PUERPERIUM"
"648.00"	"MAT DM COMPL PG BRTH/PP UNS EOC"	"MTRN DM COMP PG CHLDBRTH/THE PUERPERIUM UNS EOC"
"648.01"	"MATERNAL DM WITH DELIVERY"	"MATERNAL DIABETES MELLITUS WITH DELIVERY"
"648.02"	"MATERNAL DM W/DELIV W/CURRENT PPC"	"MATERNAL DM W/DELIVERY W/CURRENT PPC"
"648.03"	"MATERNAL DM ANTEPARTUM"	"MATERNAL DIABETES MELLITUS ANTEPARTUM"
"648.04"	"MTRN DM PREVIOUS POSTPARTUM COND"	"MATERNAL DM PREVIOUS POSTPARTUM CONDITION"
"648.1"	"THYROID DYSFUNC IN PREG"	"THYROID DYSF COMP PG CHILDBIRTH/THE PUERPERIUM"
"648.10"	"MAT THYROID DYSF-COMP PG/PP-UNS EOC"	"MATERNAL THYROID DYSFUNCTION-COMPLI PC/P-UNS EOC"
"648.11"	"MATERNAL THYROID DYSFUNCTION DEL"	"MTRN THYROID DYSF DELIV W/VO ANTPRTM COND"
"648.12"	"MTRN THYROID DYSF DELIV W/CURR PPC"	"MATERNAL THYROID DYSF W/DELIV W/CURRENT PPC"
"648.13"	"MTRN THYROID DYSF ANTPRTM COND/COMP"	"MATERNAL THYROID DYSFUNCTION ANTPRTM COND/COMP"
"648.14"	"MTRN THYROID DYSF PREV PP COND/COMP"	"MTRN THYROID DYSF PREVIOUS POSTPARTUM COND/COMP"
"648.2"	"ANEMIA IN PREGNANCY"	"MTRN ANEMIA COMP PG CHILDBIRTH/THE PUERPERIUM"
"648.20"	"MAT ANEM-MOM COMPL PG CB/PP UNS EOC"	"MATERNAL ANEMIA MOM COMPL PG CB/PP UNS EOC"
"648.21"	"MATERNAL ANEMIA	WITH DELIVERY"
"648.22"	"MTRN ANEMIA W/DELIV W/CURRENT PPC"	"MATERNAL ANEMIA W/DELIVERY W/CURRENT PPC"
"648.23"	"MATERNAL ANEMIA	ANTEPARTUM"
"648.24"	"MTRN ANEMIA PREVIOUS PP COND"	"MATERNAL ANEMIA PREVIOUS POSTPARTUM CONDITION"
"648.3"	"DRUG DEPENDENCE IN PREG"	"MTRN DRUG DEPEND COMP PG CHLDBRTH/THE PUERPERIUM"
"648.30"	"MAT RX DEPND COMPL PG CB/PP UNS EOC"	"MATERNAL RX DEPEND COMPL PG CB/PP UNS EOC"
"648.31"	"MATERNAL DRUG DEPENDENCE W/DELIVERY"	"MATERNAL DRUG DEPENDENCE WITH DELIVERY"
"648.32"	"MTRN DRUG DEPEND DELIV W/CURRNT PPC"	"MATERNAL DRUG DEPENDENCE W/DELIV W/CURRENT PPC"
"648.33"	"MATERNAL DRUG DEPENDENCE ANTEPARTUM"	"MATERNAL DRUG DEPENDENCE ANTEPARTUM"
"648.34"	"MTRN DRUG DEPEND PREVIOUS PP COND"	"MATERNAL DRUG DEPEND PREVIOUS POSTPARTUM COND"
"648.4"	"MENTAL DISORDERS IN PREG"	"MTRN MENTL D/O COMP PG CHILDBIRTH/THE PUERPERIUM"
"648.40"	"MAT MNTL D/O COMPL PG CB/PP UNS EOC"	"MATERNAL MENTAL D/O COMPL PG CB/PP UNS EOC"
"648.41"	"MATERNAL MENTAL DISORDERS W/DELIV"	"MATERNAL MENTAL DISORDERS WITH DELIVERY"
"648.42"	"MTRN MENTAL D/O DELIV W/CURRENT PPC"	"MATERNAL MENTAL DISORDERS W/DELIV W/CURRENT PPC"
"648.43"	"MATERNAL MENTAL DISORDERS ANTPRTM"	"MATERNAL MENTAL DISORDERS ANTEPARTUM"
"648.44"	"MTRN MENTAL D/O PREVIOUS PP COND"	"MATERNAL MENTAL D/O PREVIOUS POSTPARTUM COND"
"648.5"	"MAT CONGEN CV D/O COMPL PG CB/PP"	"MATERNAL CONGEN CVULAR D/O COMPL PG CB/PP"
"648.50"	"MAT CONGN CV D/O COMP PG/PP UNS EOC"	"MATERNAL CONGENITAL CV DIS-COMPLI PC/P-UNS EOC"
"648.51"	"MATERNAL CONGEN CV D/O W/DELIV"	"MATERNAL CONGENITAL CV DISORDERS W/DELIVERY"
"648.52"	"MTRN CONGN CV D/O DELIV W/CURR PPC"	"MATERNAL CONGEN CV D/O W/DELIV W/CURRENT PPC"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"648.53"	"MATERNAL CONGEN CV D/O ANTPRTM"	"MATERNAL CONGENITAL CV DISORDERS ANTPRTM"
"648.54"	"MTRN CONGEN CV D/O PREVIOUS PP COND"	"MATERNAL CONGEN CV D/O PREVIOUS POSTPARTUM COND"
"648.6"	"CARDIOVAS DIS NEC IN PG"	"OTH MTRN CV DZ COMP PG CHILDBIRTH/THE PUERPERIUM"
"648.60"	"OTH MAT CV DZ COMP PG CB/PP UNS EOC"	"OTH MATERNAL CV DZ-COMPLICATING PC/P-UNS EOC"
"648.61"	"OTH MATERNAL CV DISEASES W/DELIVERY"	"OTH MATERNAL CARDIOVASCULAR DISEASES W/DELIVERY"
"648.62"	"OTH MTRN CV DZ DELIV W/CURRENT PPC"	"OTH MATERNAL CV DISEASES W/DELIV W/CURRENT PPC"
"648.63"	"OTH MATERNAL CV DISEASES ANTPRTM"	"OTH MATERNAL CARDIOVASCULAR DISEASES ANTEPARTUM"
"648.64"	"OTH MTRN CV DZ PREVIOUS PP COND"	"OTH MATERNAL CV DZ PREVIOUS POSTPARTUM COND"
"648.7"	"BONE&JNT D/O MAT-COMPL PG CB/PP"	"BN&JNT D/O MAT BACK PELV& LW LIMB-COMPL PG CB/PP"
"648.70"	"BONE&JNT D/O MAT-COMPL PG CB/PP UNS"	"BN&JNT D/O MAT BACK & LW LMB-COMPL PG CB/PP UNS"
"648.71"	"BN&JNT D/O MAT BACK PELV&LW LMB DEL"	"BN&JNT D/O MAT BACK PELVIS&LW LMB W/DEL"
"648.72"	"BN&JNT D/O MAT W/DEL W/PP COMPL"	"BN&JNT D/O MAT BACK PELV&LW LMB W/DEL W/PP COMPL"
"648.73"	"BN&JNT D/O MAT BACK&LW LMB ANTPRTM"	"BN&JNT D/O MAT BACK PELVIS&LW LIMBS ANTEPARTUM"
"648.74"	"BN&JNT D/O MAT BACK PREV PP COND"	"BN&JNT D/O MAT BACK PELVIS&LW LIMBS PREV PP COND"
"648.8"	"ABN MAT GLU TOLRNC COMPL PG BRTH/PP"	"ABN MAT GLU TOLRNC COMPL PG BRTH/PP"
"648.80"	"ABN MAT GLU TOLR COMP PG/PP UNS EOC"	"ABN MAT GLUCOSE TOLERANCE COMPL PG CB/PP UNS EOC"
"648.81"	"ABNORMAL MTRN GLU TOLERANCE W/DELIV"	"ABNORMAL MATERNAL GLUCOSE TOLERANCE W/DELIVERY"
"648.82"	"ABN MTRN GLU TOLERNC DEL W/CURR PPC"	"ABNORMAL MTRN GLU TOLERNC W/DELIV W/CURRENT PPC"
"648.83"	"ABNORMAL MTRN GLU TOLERANCE ANTPRTM"	"ABNORMAL MATERNAL GLUCOSE TOLERANCE ANTEPARTUM"
"648.84"	"ABN MTRN GLU TOLERNC PREV PP COND"	"ABNORMAL MTRN GLU TOLERANCE PREVIOUS PP COND"
"648.9"	"OTH CURRNT MAT COND COMPL PG CB/PP"	"OTH CURRENT MATERNAL COND COMPL PG CHILDBIRTH/PP"
"648.90"	"OTH CUR MAT CCE-COMPL PG/PP-UNS EOC"	"OTH CURRENT MATERNAL CCE-COMPL PG CB/PP-UNS EOC"
"648.91"	"OTH CURRENT MATERNAL CCE W/DELIVERY"	"OTH CURRENT MATERNAL CCE W/DELIVERY"
"648.92"	"OTH CURRNT MAT CCE-W/DEL W/PP COMPL"	"OTH CURRENT MATERNAL CCE W/DEL W/CURRNT PP COMPL"
"648.93"	"OTH CURRENT MATERNAL CCE ANTEPARTUM"	"OTH CURRENT MAT CONDS CLASSIFIABLE ELSW ANTPRTM"
"648.94"	"OTH CURRNT MATERNL CCE-PREV PP COND"	"OTH CURRENT MATERNAL CCE-PREVIOUS PP CONDITION"
"65"	"OPERATIONS ON OVARY"	"OPERATIONS ON OVARY"
"65.0"	"OOPHOROTOMY"	"OOPHOROTOMY"
"65.01"	"LAPAROSCOPIC OOPHOROTOMY"	"LAPAROSCOPIC OOPHOROTOMY"
"65.09"	"OTHER OOPHORECTOMY"	"OTHER OOPHORECTOMY"
"65.1"	"DIAGNOSTIC PROCEDURES ON OVARIES"	"DIAGNOSTIC PROCEDURES ON OVARIES"
"65.11"	"ASPIRATION BIOPSY OF OVARY"	"ASPIRATION BIOPSY OF OVARY"
"65.12"	"OTHER BIOPSY OF OVARY"	"OTHER BIOPSY OF OVARY"
"65.13"	"LAPAROSCOPIC BIOPSY OF OVARY"	"LAPAROSCOPIC BIOPSY OF OVARY"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"65.14"	"OTH LAPAROSCOPIC DX PROC OVARIES"	"OTHER LAPAROSCOPIC DIAGNOSTIC PROCEDURES OVARIES"
"65.19"	"OTHER DIAGNOSTIC PROCEDURES OVARIES"	"OTHER DIAGNOSTIC PROCEDURES ON OVARIES"
"65.2"	"LOC EXC/DESTRUC OVARIAN LES/TISSUE"	"LOCAL EXCISION/DESTRUCTION OVARIAN LESION/TISSUE"
"65.21"	"MARSUPIALIZATION OF OVARIAN CYST"	"MARSUPIALIZATION OF OVARIAN CYST"
"65.22"	"WEDGE RESECTION OF OVARY"	"WEDGE RESECTION OF OVARY"
"65.23"	"LAP MARSUPIALIZATION OVARIAN CYST"	"LAPAROSCOPIC MARSUPIALIZATION OF OVARIAN CYST"
"65.24"	"LAPAROSCOPIC WEDGE RESECTION OVARY"	"LAPAROSCOPIC WEDGE RESECTION OF OVARY"
"65.25"	"OTH LAP LOCAL EXCISION/DESTRUC OVRY"	"OTH LAPAROSCOPIC LOCAL EXCISION/DESTRUC OVARY"
"65.29"	"OTH LOCAL EXCISION/DESTRUC OVARY"	"OTHER LOCAL EXCISION OR DESTRUCTION OF OVARY"
"65.3"	"UNILATERAL OOPHORECTOMY"	"UNILATERAL OOPHORECTOMY"
"65.31"	"LAP UNILATERAL OOPHORECTOMY"	"LAPAROSCOPIC UNILATERAL OOPHORECTOMY"
"65.39"	"OTHER UNILATERAL OOPHORECTOMY"	"OTHER UNILATERAL OOPHORECTOMY"
"65.4"	"UNILATERAL SALPINGO-OOPHORECTOMY"	"UNILATERAL SALPINGO-OOPHORECTOMY"
"65.41"	"LAPAROSCOPIC UNILATERAL S-O"	"LAPAROSCOPIC UNILATERAL SALPINGO-OOPHORECTOMY"
"65.49"	"OTHER UNILATERAL S-O"	"OTHER UNILATERAL SALPINGO-OOPHORECTOMY"
"65.5"	"BILATERAL OOPHORECTOMY"	"BILATERAL OOPHORECTOMY"
"65.51"	"OTH REMOV 2 OVARIES @ SAME SURG"	"OTH REMOVAL BOTH OVARIES@SAME OPERATIVE EPISODE"
"65.52"	"OTHER REMOVAL OF REMAINING OVARY"	"OTHER REMOVAL OF REMAINING OVARY"
"65.53"	"LAP REMOV 2 OVARIES @ SAME SURG"	"LAP REMOVAL BOTH OVARIES@SAME OPERATIVE EPIS"
"65.54"	"LAP REMOVAL REMAINING OVARY"	"LAPAROSCOPIC REMOVAL OF REMAINING OVARY"
"65.6"	"BILATERAL SALPINGO-OOPHORECTOMY"	"BILATERAL SALPINGO-OOPHORECTOMY"
"65.61"	"OTH REMOV BIL OVARY-TUBE-SAME SURG"	"OTH REMOVAL BOTH OVARIES&TUBES@SAME OP EPIS"
"65.62"	"OTHER REMOVAL REMAINING OVARY&TUBE"	"OTHER REMOVAL OF REMAINING OVARY AND TUBE"
"65.63"	"LAP REMOV BIL OVARY-TUBE-SAME SURG"	"LAP REMOVAL BOTH OVARIES&TUBES@SAME OP EPIS"
"65.64"	"LAP REMOVAL REMAINING OVARY&TUBE"	"LAPAROSCOPIC REMOVAL OF REMAINING OVARY AND TUBE"
"65.7"	"REPAIR OF OVARY"	"REPAIR OF OVARY"
"65.71"	"OTHER SIMPLE SUTURE OF OVARY"	"OTHER SIMPLE SUTURE OF OVARY"
"65.72"	"OTHER REIMPLANTATION OF OVARY"	"OTHER REIMPLANTATION OF OVARY"
"65.73"	"OTHER SALPINGO-OOPHOROPLASTY"	"OTHER SALPINGO-OOPHOROPLASTY"
"65.74"	"LAPAROSCOPIC SIMPLE SUTURE OF OVARY"	"LAPAROSCOPIC SIMPLE SUTURE OF OVARY"
"65.75"	"LAPAROSCOPIC REIMPLANTATION OVARY"	"LAPAROSCOPIC REIMPLANTATION OF OVARY"
"65.76"	"LAPAROSCOPIC SALPINGO-OOPHOROPLASTY"	"LAPAROSCOPIC SALPINGO-OOPHOROPLASTY"
"65.79"	"OTHER REPAIR OF OVARY"	"OTHER REPAIR OF OVARY"
"65.8"	"LYSIS ADHES OVARY&FALLOPIAN TUBE"	"LYSIS OF ADHESIONS OF OVARY AND FALLOPIAN TUBE"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"65.81"	"LAP LYSIS OVARY-FALLOP TUBE ADHES"	"LAPAROSCOPIC LYSIS ADHESIONS OVARY&FALLOPIAN TUBE"
"65.89"	"OTH LYSIS ADHES OVARY&FALLOP TUBE"	"OTHER LYSIS OF ADHESIONS OF OVARY&FALLOPIAN TUBE"
"65.9"	"OTHER OPERATIONS ON OVARY"	"OTHER OPERATIONS ON OVARY"
"65.91"	"ASPIRATION OF OVARY"	"ASPIRATION OF OVARY"
"65.92"	"TRANSPLANTATION OF OVARY"	"TRANSPLANTATION OF OVARY"
"65.93"	"MANUAL RUPTURE OF OVARIAN CYST"	"MANUAL RUPTURE OF OVARIAN CYST"
"65.94"	"OVARIAN DENERVATION"	"OVARIAN DENERVATION"
"65.95"	"RELEASE OF TORSION OF OVARY"	"RELEASE OF TORSION OF OVARY"
"65.99"	"OTHER OPERATIONS ON OVARY"	"OTHER OPERATIONS ON OVARY"
"650"	"NORMAL DELIVERY"	"NORMAL DELIVERY"
"651"	"MULTIPLE GESTATION"	"MULTIPLE GESTATION"
"651.0"	"TWIN PREGNANCY"	"TWIN PREGNANCY"
"651.00"	"TWIN PREGNANCY UNSPEC AS EPIS CARE"	"TWIN PREGNANCY UNSPECIFIED AS TO EPISODE OF CARE"
"651.01"	"TWIN PREGNANCY"	DELIVERED"
"651.03"	"TWIN PREGNANCY"	ANTEPARTUM"
"651.1"	"TRIPLT PREGNANCY"	"TRIPLT PREGNANCY"
"651.10"	"TRIPLT PG UNSPEC AS EPIS CARE"	"TRIPLT PREGNANCY UNSPECIFIED AS TO EPISODE CARE"
"651.11"	"TRIPLT PREGNANCY"	DELIVERED"
"651.13"	"TRIPLT PREGNANCY"	ANTEPARTUM"
"651.2"	"QUADRUPLET PREGNANCY"	"QUADRUPLET PREGNANCY"
"651.20"	"QUADRUPLET PG UNSPEC AS EPIS CARE"	"QUADRUPLET PREGNANCY UNSPECIFIED AS EPISODE CARE"
"651.21"	"QUADRUPLET PREGNANCY"	DELIVERED"
"651.23"	"QUADRUPLET PREGNANCY"	ANTEPARTUM"
"651.3"	"TWIN PG W/FETAL LOSS&RETN 1 FETUS"	"TWIN PREGNANCY W/FETAL LOSS&RETENTION ONE FETUS"
"651.30"	"TWIN PG-FETAL LOSS&RETAIN 1-UNS EOC"	"TWIN PREG W/FETL LOSS&RETAIN 1 FETUS-UNS EOC"
"651.31"	"TWIN PG-FETAL LOSS&RETN 1 FETUS DEL"	"TWIN PG W/FETAL LOSS&RETENTION 1 FETUS DELIV"
"651.33"	"TWIN PG-FETAL LOSS&RETAIN 1 ANTPRTM"	"TWIN PG W/FETAL LOSS&RETENTION 1 FETUS ANTPRTM"
"651.4"	"TRIPLT PG W/FETAL LOSS&RETN 1/MORE"	"TRIPLT PREGNANCY W/FETAL LOSS&RETENTION 1/MORE"
"651.40"	"TRIPLT PG-FETL LOSS&RETN 1/>UNS EOC"	"TRIPLT PREG W/FETAL LOSS&RETN 1/> FETUS-UNS EOC"
"651.41"	"TRIPLT PG W/FETL LOSS&RETN 1/> DEL"	"TRIPLT PG W/FETAL LOSS&RETENTION 1/MORE DELIV"
"651.43"	"TRIPLT PG-FETL LOSS&RETN 1/>ANTPRTM"	"TRIPLT PG W/FETAL LOSS&RETENTION 1/MORE ANTPRTM"
"651.5"	"QUAD PG W/FETL LOSS&RETAIN 1/MOR"	"QUADRUPLET PG W/FETAL LOSS&RETENTION 1/MORE"
"651.50"	"QUAD PG-FETL LOSS&RETN 1/>UNS EOC"	"QUAD PREG W/FETAL LOSS&RETN 1/> FETUS-UNS EOC"
"651.51"	"QUAD PG W/FETAL LOSS&RETN 1/> DEL"	"QUADRUPLET PG W/FETAL LOSS&RETN 1/MORE DELIV"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"651.53"	"QUAD PG-FETL LOSS&RETN 1/> ANTPRTM"	"QUADRUPLET PG W/FETAL LOSS&RETN 1/MORE ANTPRTM"
"651.6"	"OTH MX PG W/FETAL LOSS&RETN 1/MORE"	"OTH MX PG W/FETAL LOSS&RETENTION 1/MORE FETUS"
"651.60"	"OTH MX PG-FETL LOSS&RETN 1/>UNS EOC"	"OTH MULT PREG W/FETAL-RETAIN >= 1 FETUS-UNS EOC"
"651.61"	"OTH MX PG-FETAL LOSS&RETAIN 1/>DEL"	"OTH MX PG W/FETAL LOSS&RETN 1/MORE FETUS DELIV"
"651.63"	"OTH MX PG-FETL LOSS&RETN 1/>ANTPRTM"	"OTH MX PG W/FETAL LOSS&RETN 1/MORE FETUS ANTPRTM"
"651.8"	"OTHER SPECIFIED MULTIPLE GESTATION"	"OTHER SPECIFIED MULTIPLE GESTATION"
"651.80"	"OTH SPEC MX GEST UNS AS EPIS CARE"	"OTH SPEC MULTIPLE GESTATION UNSPEC AS EPIS CARE"
"651.81"	"OTH SPEC MULTIPLE GESTATION DELIV"	"OTHER SPECIFIED MULTIPLE GESTATION DELIVERED"
"651.83"	"OTH SPEC MULTIPLE GESTATION ANTPRTM"	"OTHER SPECIFIED MULTIPLE GESTATION ANTEPARTUM"
"651.9"	"UNSPECIFIED MULTIPLE GESTATION"	"UNSPECIFIED MULTIPLE GESTATION"
"651.90"	"UNSPEC MX GEST UNSPEC AS EPIS CARE"	"UNSPEC MULTIPLE GESTATION UNSPEC AS EPISODE CARE"
"651.91"	"UNSPEC MULTIPLE GESTATION DELIVERED"	"UNSPECIFIED MULTIPLE GESTATION DELIVERED"
"651.93"	"UNSPEC MULTIPLE GESTATION ANTPRTM"	"UNSPECIFIED MULTIPLE GESTATION ANTEPARTUM"
"652"	"MALPOSITION&MALPRESENTATION FETUS"	"MALPOSITION AND MALPRESENTATION OF FETUS"
"652.0"	"UNSTABLE LIE OF FETUS"	"UNSTABLE LIE OF FETUS"
"652.00"	"UNSTABLE LIE FETUS UNS AS EPIS CARE"	"UNSTABLE LIE FETUS UNSPECIFIED AS EPISODE CARE"
"652.01"	"UNSTABLE LIE OF FETUS"	"DELIVERED"
"652.03"	"UNSTABLE LIE OF FETUS"	"ANTEPARTUM"
"652.1"	"BREECH/OTH MALPRESNT CONVRT CEPHALC"	"BREECH/OTH MALPRSATION CONVRT CEPHALIC PRSATION"
"652.10"	"BREECH/OTH CONVERT-CEPHAL-UNS EOC"	"BREECH/MALPRESENT CONVERTED TO CEPHALIC-UNS EOC"
"652.11"	"BREECH/OTH CONVERT CEPHAL DEL"	"BREECH/ MALPRSATION CONVRT CEPHALIC PRSATION DEL"
"652.13"	"BREECH/OTH CONVERT-CEPHAL-ANTPRTM"	"BREECH/MALPRESENT CONVERTED TO CEPHALIC-APC/C"
"652.2"	"BREECH PRESENTATION W/O VERSION"	"BREECH PRESENTATION WITHOUT MENTION OF VERSION"
"652.20"	"BREECH PRSATION W/O VERSION UNS EOC"	"BREECH PRESENTATION W/O VERSION UNS EPIS CARE"
"652.21"	"BREECH PRSATION W/O VERSION DELIV"	"BREECH PRESENTATION W/O MENTION VERSION DELIV"
"652.23"	"BREECH PRSATION W/O VERSION ANTPRTM"	"BREECH PRESENTATION W/O MENTION VERSION ANTPRTM"
"652.3"	"TRNS/OBLIQUE PRESENTATION FETUS"	"TRANSVERSE OR OBLIQUE PRESENTATION OF FETUS"
"652.30"	"TRNS/OBL FETL PRSATION UNS EOC"	"TRNS/OBL FETAL PRESENTATION UNSPEC AS EPIS CARE"
"652.31"	"TRNS/OBL FETAL PRESENTATION DELIV"	"TRANSVERSE/OBLIQUE FETAL PRESENTATION DELIVERED"
"652.33"	"TRNS/OBL FETAL PRESENTATION ANTPRTM"	"TRANSVERSE/OBLIQUE FETAL PRESENTATION ANTEPARTUM"
"652.4"	"FETAL FACE/BROW PRESENTATION FETUS"	"FETAL FACE OR BROW PRESENTATION OF FETUS"
"652.40"	"FETL FCE/BROW PRSATION UNS EOC"	"FETAL FACE/BROW PRESENTATION UNSPEC AS EPIS CARE"
"652.41"	"FETAL FACE/BROW PRESENTATION DELIV"	"FETAL FACE OR BROW PRESENTATION DELIVERED"
"652.43"	"FETAL FCE/BROW PRESENTATION ANTPRTM"	"FETAL FACE OR BROW PRESENTATION ANTEPARTUM"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"652.5"	"HIGH FETAL HEAD AT TERM"	"HIGH FETAL HEAD AT TERM"
"652.50"	"HI FETAL HEAD@TERM UNS AS EPIS CARE"	"HIGH FETAL HEAD@TERM UNSPECIFIED AS EPISODE CARE"
"652.51"	"HIGH FETAL HEAD AT TERM"	"DELIVERED"
"652.53"	"HIGH FETAL HEAD AT TERM"	"ANTEPARTUM"
"652.6"	"MX GEST W/MALPRSATION 1 FETUS/MORE"	"MULTIPLE GEST W/MALPRESENTATION 1 FETUS/MORE"
"652.60"	"MX GEST W/MALPRSNT 1 FETUS/>UNS EOC"	"MX GEST W/MALPRSATION 1 FETUS/MORE UNS EPIS CARE"
"652.61"	"MX GEST W/MALPRESNT 1 FETUS/MOR DEL"	"MX GEST W/MALPRESENTATION 1 FETUS/MORE DELIV"
"652.63"	"MX GEST W/MALPRSNT 1 FETUS/>ANTPRTM"	"MX GEST W/MALPRESENTATION 1 FETUS/MORE ANTPRTM"
"652.7"	"PROLAPSED ARM OF FETUS"	"PROLAPSED ARM OF FETUS"
"652.70"	"PROLAPSD ARM FETUS UNS AS EPIS CARE"	"PROLAPSED ARM FETUS UNSPECIFIED AS EPISODE CARE"
"652.71"	"PROLAPSED ARM OF FETUS"	"DELIVERED"
"652.73"	"PROLAPSD ARM FETUS ANTPRTM COMP"	"PROLAPSED ARM FETUS ANTEPARTUM COND/COMPLICATION"
"652.8"	"OTH SPEC MALPSTN/MALPRSATION FETUS"	"OTHER SPEC MALPOSITION/MALPRESENTATION FETUS"
"652.80"	"OTH MALPOS/MALPRESENT FETUS UNS EOC"	"OTH SPEC MALPSTN/MALPRSATION FETUS UNS EPIS CARE"
"652.81"	"OTH MALPSTN/MALPRSATION FETUS DELIV"	"OTH SPEC MALPOSITION/MALPRESENTATION FETUS DELIV"
"652.83"	"OTH MALPOS/MALPRESENT FETUS ANTPRTM"	"OTH SPEC MALPSTN/MALPRESENTATION FETUS ANTPRTM"
"652.9"	"UNS MALPSTN/MALPRESENTATION FETUS"	"UNSPECIFIED MALPOSITION OR MALPRESENTATION FETUS"
"652.90"	"UNS MALPOS/MALPRESENT FETUS UNS EOC"	"UNS MALPSTN/MALPRESENTATION FETUS UNS EPIS CARE"
"652.91"	"UNS MALPSTN/MALPRSATION FETUS DELIV"	"UNSPEC MALPOSITION/MALPRESENTATION FETUS DELIV"
"652.93"	"UNS MALPOS/MALPRESENT FETUS ANTPRTM"	"UNSPEC MALPOSITION/MALPRESENTATION FETUS ANTPRTM"
"653"	"DISPROPORTION IN PREGNANCY L&D"	"DISPROPORTION IN PREGNANCY LABOR AND DELIVERY"
"653.0"	"MAJ ABN BONY PELV NOT FURTHER PG"	"MAJOR ABNORM BONY PELV NOT FURTHER SPEC PG"
"653.00"	"MAJ ABN BONY PELVIS NFS PG UNS EOC"	"MAJ ABN BONY PELV NOT FURTHER SPEC PG UNS EOC"
"653.01"	"MAJ ABN BONY PELV NOT FURTHER DELIV"	"MAJOR ABNORM BONY PELVIS NOT FURTHER SPEC DELIV"
"653.03"	"MAJ ABN BONY PELVIS NFS ANTPRTM"	"MAJOR ABNORM BONY PELV NOT FURTHER SPEC ANTPRTM"
"653.1"	"GENERALLY CONTRACTED PELV PREGNANCY"	"GENERALLY CONTRACTED PELVIS IN PREGNANCY"
"653.10"	"GENLY CONTRACTED PELV PG UNS EOC PG"	"GENLY CONTRACTED PELV PG UNSPEC AS EPIS CARE PG"
"653.11"	"GENERALLY CONTRACTED PELV PG DELIV"	"GENERALLY CONTRACTED PELVIS PREGNANCY DELIVERED"
"653.13"	"GENLY CONTRACTED PELV PG ANTPRTM"	"GENERALLY CONTRACTED PELVIS PREGNANCY ANTEPARTUM"
"653.2"	"INLET CONTRACTION PELVIS PREGNANCY"	"INLET CONTRACTION OF PELVIS IN PREGNANCY"
"653.20"	"INLET CONTRAC PELV PG UNS EOC PG"	"INLET CONTRACTION PELV PG UNSPEC AS EPIS CARE PG"
"653.21"	"INLET CONTRACTION PELV PG DELIV"	"INLET CONTRACTION OF PELVIS PREGNANCY DELIVERED"
"653.23"	"INLET CONTRACTION PELV PG ANTPRTM"	"INLET CONTRACTION OF PELVIS PREGNANCY ANTEPARTUM"
"653.3"	"OUTLET CONTRACTION PELVIS PREGNANCY"	"OUTLET CONTRACTION OF PELVIS IN PREGNANCY"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"653.30"	"OUTLET CONTRAC PELV PG UNS EOC PG"	"OUTLET CONTRAC PELV PG UNSPEC AS EPIS CARE PG"
"653.31"	"OUTLET CONTRACTION PELV PG DELIV"	"OUTLET CONTRACTION OF PELVIS PREGNANCY DELIVERED"
"653.33"	"OUTLET CONTRACTION PELV PG ANTPRTM"	"OUTLET CONTRACTION PELVIS PREGNANCY ANTEPARTUM"
"653.4"	"FETOPELVIC DISPROPORTION"	"FETOPELVIC DISPROPORTION"
"653.40"	"FETOPELV DISPROPRTN UNS EPIS CARE"	"FETOPELVIC DISPROPORTION UNSPEC AS EPISODE CARE"
"653.41"	"FETOPELVIC DISPROPORTION"	DELIVERED"
"653.43"	"FETOPELVIC DISPROPORTION ANTEPARTUM"	"FETOPELVIC DISPROPORTION ANTEPARTUM"
"653.5"	"UNUSUALLY LG FETUS CAUS DISPROPRTN"	"UNUSUALLY LARGE FETUS CAUSING DISPROPORTION"
"653.50"	"UNUSUAL LG FETUS DISPROPRTN UNS EOC"	"UNUSULLY LG FETUS CAUS DISPROPRTN UNS EPIS CARE"
"653.51"	"UNUSUAL LG FETUS DISPROPRTION-DEL"	"UNUSUALLY LARGE FETUS CAUS DISPROPRTN DELIVERED"
"653.53"	"UNUSUAL LG FETUS DISPROPRTN ANTPRTM"	"UNUSUALLY LARGE FETUS CAUSING DISPROPRTN ANTPRTM"
"653.6"	"HYDROCEPHALIC FETUS CAUS DISPROPRTN"	"HYDROCEPHALIC FETUS CAUSING DISPROPORTION"
"653.60"	"HYDROCEPHL FETUS DISPROPRTN UNS EOC"	"HYDROCEPHALIC FETUS CAUS DISPROPRTN UNS EOC"
"653.61"	"HYDROCEPHAL FETUS DISPROPRTN DEL"	"HYDROCEPHALIC FETUS CAUSING DISPROPRTN DELIVERED"
"653.63"	"HYDROCEPHL FETUS DISPROPRTN ANTPRTM"	"HYDROCEPHALIC FETUS CAUSING DISPROPRTN ANTPRTM"
"653.7"	"OTH FETAL ABNORM CAUSING DISPROPRTN"	"OTHER FETAL ABNORMALITY CAUSING DISPROPORTION"
"653.70"	"OTH FETAL ABN DISPROPRTN UNS EOC"	"OTH FETAL ABNORM CAUS DISPROPRTN UNS EPIS CARE"
"653.71"	"OTH FETAL ABN CAUS DISPROPRTN DELIV"	"OTH FETAL ABNORM CAUSING DISPROPRTN DELIVERED"
"653.73"	"OTH FETAL ABN DISPROPRTN ANTPRTM"	"OTH FETAL ABNORM CAUSING DISPROPRTN ANTEPARTUM"
"653.8"	"FETAL DISPROPORTION OF OTHER ORIGIN"	"FETAL DISPROPORTION OF OTHER ORIGIN"
"653.80"	"FETL DISPROPRTN OTH ORIGIN UNS EOC"	"FETAL DISPROPRTN OTH ORIGIN UNSPEC AS EPIS CARE"
"653.81"	"FETAL DISPROPRTN OTH ORIGIN DELIV"	"FETAL DISPROPORTION OF OTHER ORIGIN DELIVERED"
"653.83"	"FETAL DISPROPRTN OTH ORIGIN ANTPRTM"	"FETAL DISPROPORTION OF OTHER ORIGIN ANTEPARTUM"
"653.9"	"UNSPECIFIED FETAL DISPROPORTION"	"UNSPECIFIED FETAL DISPROPORTION"
"653.90"	"UNS FETAL DISPROPRTN UNS EPIS CARE"	"UNSPEC FETAL DISPROPRTN UNSPEC AS EPISODE CARE"
"653.91"	"UNSPEC FETAL DISPROPRTN DELIVERED"	"UNSPECIFIED FETAL DISPROPORTION DELIVERED"
"653.93"	"UNSPEC FETAL DISPROPRTN ANTEPARTUM"	"UNSPECIFIED FETAL DISPROPORTION ANTEPARTUM"
"654"	"ABN ORGN&TISS PELV COMPL PG CB/PP"	"ABNORMALITY OF ORGANS & SOFT TISSUES OF PELVIS"
"654.0"	"CONGEN ABN PG UTERS COMPL PG CB/PP"	"CONGENITAL ABNORMALITIES OF UTERUS"
"654.00"	"CONGN ABNORM PG UTRUS UNS EPIS CARE"	"CONGEN ABNORM PG UTERUS UNSPEC AS EPIS CARE"
"654.01"	"CONGEN ABNORM PREGNANT UTERUS DELIV"	"CONGENITAL ABNORM PREGNANT UTERUS DELIVERED"
"654.02"	"CONGN ABN PG UTRUS DELIV W/ PPC"	"CONGEN ABNORM PG UTERUS DELIV W/MENTION PPC"
"654.03"	"CONGEN ABNORM PG UTERUS ANTPRTM"	"CONGENITAL ABNORM PREGNANT UTERUS ANTEPARTUM"
"654.04"	"CONGENITAL ABNORM PREGNANT UTERUS"	"CONGENITAL ABNORMALITIES OF PREGNANT UTERUS"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"654.1"	"TUMORS OF BODY OF PREGNANT UTERUS"	"TUMORS OF BODY OF PREGNANT UTERUS"
"654.10"	"TUMRS BDY PG UTRUS UNS EPIS CARE PG"	"TUMORS BODY PG UTERUS UNSPEC AS EPIS CARE PG"
"654.11"	"TUMORS OF BODY OF UTERUS"	"DELIVERED"
"654.12"	"TUMRS BDY UTRUS DELIV W/MENTION PPC"	"TUMORS BODY UTERUS DELIVERED W/MENTION PPC"
"654.13"	"TUMRS BODY UTERUS ANTPRTM COND/COMP"	"TUMORS BODY UTERUS ANTEPARTUM COND/COMPLICATION"
"654.14"	"TUMORS BODY UTERUS PP COND/COMP"	"TUMORS BODY UTERUS POSTPARTUM COND/COMPLICATION"
"654.2"	"PREVIOUS C-SECTION NOS"	"PREV C/S SECTION COMP PG CHLDBRTH/THE PUERPERIUM"
"654.20"	"PREV C/S DELIV UNS EOC/NOT APPLIC"	"PREV C/S DELIV UNSPEC AS EPIS CARE/NOT APPLIC"
"654.21"	"PREV C/S DEL DEL W/VO ANTPRTM COND"	"PREV C/S DELIV DELIV W/VO MENTION ANTPRTM COND"
"654.23"	"PREV C/S DELIV ANTPRTM COND/COMP"	"PREVIOUS C-SECT DELIVERY ANTPRTM COND/COMP"
"654.3"	"RETROVERT&INCARCERAT GRAVID UTERUS"	"RETROVERTED AND INCARCERATED GRAVID UTERUS"
"654.30"	"RETROVRT GRAVID UTERUS UNS EOC"	"RETROVRT&INCARCERAT GRAVID UTRUS UNS EPIS CARE"
"654.31"	"RETROVRT&INCARCERAT GRAVD UTRUS DEL"	"RETROVERTED&INCARCERATED GRAVID UTERUS DELIVERED"
"654.32"	"RETROVRT GRAVID UTERUS DEL-PP COMPL"	"RETROVRT&INCARCERAT GRAVD UTRUS DELIV W/ PPC"
"654.33"	"RETROVERT GRAVID UETRUS ANTEPARTUM"	"RETROVERTED&INCARCERATED GRAVID UTERUS ANTPRTM"
"654.34"	"RETROVRT&INCARCERAT GRAVID UTRUS PP"	"RETROVERTED&INCARCERAT GRAVID UTERUS POSTPARTUM"
"654.4"	"OTH ABN SHAPE/POS GRAVID UTERUS"	"OTH ABN SHAPE/POSTION GRAVIDA UTERUS&NGHBR STRCT"
"654.40"	"OTH ABN SHAPE GRAVID UTERUS-UNS EOC"	"OTH ABNORMAL SHAPE/POSITON GRAVID UTERUS-UNS EOC"
"654.41"	"OTH ABN SHAPE/POS GRAV UTERUS-DEL"	"OTH ABN SHAPE/PSTN GRAVD UTRUS&NGHBR STRCT DELIV"
"654.42"	"OTH ABN SHAPE GRAV UTRS DEL-PP COMPL"	"OTH ABN SHAPE/POS GRAVID UTERUS DEL W/PP COMPL"
"654.43"	"OTH ABN SHAP/POS GRAV UTRUS ANTPRTM"	"OTH ABN SHAPE/POSITION GRAVID UTERUS ANTEPARTUM"
"654.44"	"OTH ABN SHAPE/POS GRAV UTERUS PP"	"OTH ABN SHAPE/PSTN GRAVD UTRUS&OF NGHBR STRCT PP"
"654.5"	"CERVIX INCOMPET IN PREG"	"CERV INCOMPETNCE COMP PG CHLDBRTH/THE PUERPERIUM"
"654.50"	"CERV INCOMPETNCE UNS EPIS CARE PG"	"CERV INCOMPETENCE UNSPEC AS EPIS CARE PREGNANCY"
"654.51"	"CERVICAL INCOMPETENCE"	"DELIVERED"
"654.52"	"CERV INCOMPETNCE DELIV W/ PPC"	"CERVICAL INCOMPETENCE DELIVERED W/MENTION PPC"
"654.53"	"CERV INCOMPETENCE ANTPRTM COND/COMP"	"CERVICAL INCOMPETENCE ANTPRTM COND/COMPLICATION"
"654.54"	"CERV INCOMPETENCE PP COND/COMP"	"CERV INCOMPETENCE POSTPARTUM COND/COMPLICATION"
"654.6"	"OTH CONGN/ACQ ABN CERV COMPL PG/PP"	"OTH CONGENITAL OR ACQUIRED ABNORMALITY OF CERVIX"
"654.60"	"OTH CONGN/ACQ ABN CERV UNS EOC PG"	"OTH CONGN/ACQ ABNORM CERV UNSPEC AS EPIS CARE PG"
"654.61"	"OTH CONGEN/ACQ ABNORM CERV W/DELIV"	"OTH CONGENITAL/ACQUIRED ABNORM CERVIX W/DELIVERY"
"654.62"	"OTH CONGN/ACQ ABN CERV DELIV W/ PPC"	"OTH CONGEN/ACQ ABNORM CERV DELIV W/MENTION PPC"
"654.63"	"OTH CONGN/ACQ ABN CERV ANTPRTM COMP"	"OTH CONGENITAL/ACQ ABNORM CERV ANTPRTM COND/COMP"
"654.64"	"OTH CONGN/ACQ ABN CERV PP COND/COMP"	"OTH CONGEN/ACQ ABNORM CERV POSTPARTUM COND/COMP"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"654.7"	"ABNORMAL VAGINA IN PREG"	"CONGENITAL OR ACQUIRED ABNORMALITY OF VAGINA"
"654.70"	"CONGN/ACQ ABN VAG UNS EPIS CARE PG"	"CONGEN/ACQ ABNORM VAGINA UNSPEC AS EPIS CARE PG"
"654.71"	"CONGEN/ACQ ABNORM VAGINA W/DELIVERY"	"CONGENITAL/ACQUIRED ABNORM VAGINA W/DELIVERY"
"654.72"	"CONGN/ACQ ABN VAG DELIV W/ PPC"	"CONGEN/ACQ ABNORM VAGINA DELIVERED W/MENTION PPC"
"654.73"	"CONGN/ACQ ABN VAG ANTPRTM COND/COMP"	"CONGENITAL/ACQ ABNORM VAGINA ANTPRTM COND/COMP"
"654.74"	"CONGN/ACQ ABNORM VAG PP COND/COMP"	"CONGEN/ACQ ABNORM VAGINA POSTPARTUM COND/COMP"
"654.8"	"CONGEN/ACQ ABN VULVA COMPL PG CB/PP"	"CONGEN/ACQUIRED ABN VULVA COMPL PG CB/PP"
"654.80"	"CONGN/ACQ ABN VULVA UNS EOC PG"	"CONGEN/ACQ ABNORM VULVA UNSPEC AS EPIS CARE PG"
"654.81"	"CONGEN/ACQ ABNORM VULVA W/DELIVERY"	"CONGENITAL/ACQUIRED ABNORMALITY VULVA W/DELIVERY"
"654.82"	"CONGN/ACQ ABN VULVA DELIV W/ PPC"	"CONGEN/ACQ ABNORM VULVA DELIVERED W/MENTION PPC"
"654.83"	"CONGN/ACQ ABN VULVA ANTPRTM COMP"	"CONGENITAL/ACQ ABNORM VULVA ANTPRTM COND/COMP"
"654.84"	"CONGN/ACQ ABNORM VULVA PP COND/COMP"	"CONGENITAL/ACQ ABNORM VULVA POSTPARTUM COND/COMP"
"654.9"	"OTH&UNS ABN ORGN&PLV COMPL PG CB&PP"	"OTH&UNS ABN ORGAN&SFT TISS PELVIS COMPL PG CB&PP"
"654.90"	"OTH&UNS ABN ORGN PELV UNS EOC PG"	"OTH&UNS ABN ORGANS&SOFT TISS PELVIS UNS EOC PG"
"654.91"	"UNS ABN ORGN&SFT TISS PELV DELIV"	"OTH&UNSPEC ABNORM ORGN&SOFT TISSUES PELV W/DELIV"
"654.92"	"OTH&UNS ABN ORGN&PLV DEL W/PP COMPL"	"OTH&UNS ABN ORGN&SOFT TISS PELVIS DEL W/PP COMPL"
"654.93"	"OTH&UNS ABN ORGN&PELV ANTPRTM COMPL"	"OTH&UNS ABN ORGN&PELVIS ANTPRTM COND/COMPL"
"654.94"	"UNS ABN ORGN&SFT TISS PELV PP COMP"	"OTH&UNS ABN ORGAN&SOFT TISS PELVIS PP COND/COMPL"
"655"	"KNOWN/SPCT FETAL ABNORM MGMT MOTH"	"KNOWN/SUSPECTED FETAL ABNORM AFFECT MGMT MOTH"
"655.0"	"CNS MALFORM FETUS AFFECT MGMT MOM"	"CNTRL NERV SYS MALFORM FETUS AFFECT MGMT MOTH"
"655.00"	"CNS MALFORMATION FETUS UNS EOC PG"	"CNTRL NERV SYS MALFORM FETUS UNS AS EPIS CARE PG"
"655.01"	"CNTRL NERV SYS MALFORM FETUS DELIV"	"CNTRL NERV SYS MALFORMATION IN FETUS W/DELIVERY"
"655.03"	"CNTRL NRV SYS MALFORM FETUS ANTPRTM"	"CNTRL NERV SYS MALFORMATION IN FETUS ANTEPARTUM"
"655.1"	"CHROMOSM ABNORM FETUS MGMT MOTH"	"CHROMOSOMAL ABNORM FETUS AFFECT MANAGEMENT MOTH"
"655.10"	"CHROMOSOM ABN FETUS UNS EOC PG"	"CHROMOSM ABNORM FETUS MGMT MOTH UNS EPIS CARE PG"
"655.11"	"CHROMOSM ABN FETUS MGMT MOTH DELIV"	"CHROMOSM ABNORM FETUS AFFECT MGMT MOTH W/DELIV"
"655.13"	"CHROMOSM ABN-MGMT MOM FETUS ANTPRTM"	"CHROMOSOM ABNORM FETUS AFFECT MGMT MOM ANTPRTM"
"655.2"	"HEREDIT DZ POSS AFFCT FTUS MGMT MOM"	"HEREDITARY DZ FAMILY POSS AFFECT FETUS MGMT MOM"
"655.20"	"HEREDIT DZ AFFCT FETUS UNS EOC PG"	"HEREDITARY DZ POSS AFFECT FETUS UNS EOC PG"
"655.21"	"HEREDIT DZ POSS AFFCT FETUS DEL"	"HEREDITARY DZ POSS AFFECT FETUS MGMT MOM W/DEL"
"655.23"	"HEREDIT DZ FETUS ANTPRTM COND/COMPL"	"HEREDITRY DZ POSS AFFCT FETUS ANTPRTM COND/COMPL"
"655.3"	"SPCT DMGE FTUS-VIRL DZ MOM MGMT MOM"	"SPCT DAMGE FETUS VIRAL DZ MOM AFFECT MGMT MOM"
"655.30"	"SPCT DMGE FTUS D/T MAT VIRS-UNS EOC"	"SUSPECTED DAMAGE FETUS MATERNL VIRUS-UNS EOC"
"655.31"	"SPCT DAMGE FETUS VIRL DZ MOM DEL"	"SPCT DAMGE FETUS VIRL DZ MOM AFFECT MGMT MOM DEL"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"655.33"	"SPCT DMGE FTUS-MAT VIRL DZ ANTPRTM"	"SPCT DAMGE FETUS VIRAL DZ MOM ANTPRTM COMPL"
"655.4"	"SPCT DMGE FETUS-OTH DZ MOM MGMT MOM"	"SPCT DAMGE FETUS OTH DZ MOM AFFCT MGMT MOM"
"655.40"	"SPCT DAMGE FETUS-OTH MAT DZ-UNS EOC"	"SPCT DAMGE FETUS OTH DZ MOM UNS EOC PG"
"655.41"	"SPCT DAMGE FETUS OTH DZ MOM DEL"	"SPCT DAMGE FETUS OTH DZ MOM AFFCT MGMT MOM DEL"
"655.43"	"SPCT DMGE FETUS-OTH MAT DZ ANTPRTM"	"SPCT DAMGE FETUS OTH DZ MOM ANTPRTM COND/COMPL"
"655.5"	"SPCT DAMGE FETUS FROM RX MGMT MOTH"	"SUSPECTED DAMGE FETUS FROM RX AFFECT MGMT MOTH"
"655.50"	"SPCT DMGE FETUS-RX MGMT MOM UNS EOC"	"SPCT DAMGE FETUS FROM RX MGMT MOTH UNS EPIS CARE"
"655.51"	"SPCT DAMGE FETUS RX MGMT MOTH DELIV"	"SPCT DAMGE FETUS FROM RX AFFECT MGMT MOTH DELIV"
"655.53"	"SPCT DMGE FETUS-RX-MGMT MOM ANTPRTM"	"SPCT DAMGE FETUS FROM RX AFFCT MGMT MOTH ANTPRTM"
"655.6"	"SPCT DAMGE FETUS FROM RAD MGMT MOTH"	"SUSPECTED DAMGE FETUS FROM RAD AFFECT MGMT MOTH"
"655.60"	"SPCT DMGE FTUS RAD MGMT MOM UNS EOC"	"SPCT DAMGE FETUS RAD MGMT MOTH UNS EPIS CARE"
"655.61"	"SPCT DAMGE FETUS RAD MGMT MOTH DEL"	"SPCT DAMGE FETUS FROM RAD AFFECT MGMT MOTH DELIV"
"655.63"	"SPCT DAMGE FETUS RAD-ANTPRTM COMPL"	"SPCT DAMGE FETUS RAD MGMT MOTH ANTPRTM COND/COMP"
"655.7"	"DECREASED FETAL MOVEMENTS"	"DECREASED FETAL MOVEMENTS"
"655.70"	"DECR FETAL MOVMENTS UNS AS EPIS CARE"	"DECREASED FETAL MOVEMENTS UNSPEC AS EPISODE CARE"
"655.71"	"DECR FETAL MOVMENTS MGMT MOTH DELIV"	"DECR FETAL MOVEMENTS AFFECT MGMT MOTH DELIV"
"655.73"	"DCRESD FETL MOVEMENT ANTPRTM COMPL"	"DECR FETAL MOVMENTS MGMT MOTH ANTPRTM COND/COMP"
"655.8"	"OTH KNWN/SPCT FETL ABN NEC-MGMT MOM"	"OTH KNOWN/SPCT FETAL ABNORM NEC AFFECT MGMT MOTH"
"655.80"	"OTH KNWN/SPCT FETL ABN NEC-UNS EOC"	"OTH KNOWN/SPCT FETAL ABN NEC MGMT MOTH UNS EOC"
"655.81"	"OTH KNWN/SPCT FETL ABN NEC DEL"	"OTH KNOWN/SPCT FETAL ABNORM NEC MGMT MOTH DELIV"
"655.83"	"OTH KNWN FETL ABN-NEC-ANTPRTM COMPL"	"OTH KNOWN/SUSPECTED FETAL ABNORMALITY-NEC-APC/C"
"655.9"	"UNSPEC FETAL ABNORM AFFCT MGMT MOTH"	"UNSPEC FETAL ABNORM AFFECTING MANAGEMENT MOTH"
"655.90"	"UNS FETL ABN MGMT MOTH UNS EOC"	"UNS FETAL ABNORM MGMT MOTH UNS AS EPIS CARE"
"655.91"	"UNS FETAL ABNORM MGMT MOTH DELIV"	"UNSPEC FETAL ABNORM AFFECT MANAGEMENT MOTH DELIV"
"655.93"	"UNS FETL ABN MGMT MOTH ANTPRTM COMP"	"UNS FETAL ABNORM MGMT MOTH ANTPRTM COND/COMP"
"656"	"OTH FETAL&PLACNTL PROBS MGMT MOTH"	"OTH FETAL&PLACENTAL PROBLEMS AFFECT MGMT MOTH"
"656.0"	"FETAL-MTRN HEMORR AFFECT MGMT MOTH"	"FETAL-MATERNAL HEMORRHAGE AFFECT MANAGEMENT MOTH"
"656.00"	"FETAL-MTRN HEMORR UNS EPIS CARE PG"	"FETAL-MTRN HEMORR UNSPEC AS EPIS CARE PREGNANCY"
"656.01"	"FETAL-MATERNAL HEMORRHAGE W/DELIV"	"FETAL-MATERNAL HEMORRHAGE WITH DELIVERY"
"656.03"	"FETAL-MTRN HEMORR ANTPRTM COND/COMP"	"FETAL-MATERNAL HEMORRHAGE ANTPRTM COND/COMP"
"656.1"	"RHESUS ISOIMMUN AFFCT MGMT MOTH"	"RHESUS ISOIMMUNIZATION AFFECTING MANAGEMENT MOTH"
"656.10"	"RHESUS ISOIMMUN UNS AS EPIS CARE PG"	"RHESUS ISOIMMUNIZATION UNSPEC AS EPIS CARE PG"
"656.11"	"RHESUS ISOIMMUN MGMT MOTH DELIV"	"RHESUS ISOIMMUNIZATION AFFECT MGMT MOTH DELIV"
"656.13"	"RH ISOIMMUN-MGMT MOM ANTPRTM COND"	"RHESUS ISOIMMUN AFFCT MGMT MOTH ANTPRTM COND"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"656.2"	"ISOIMMUN UNS BLD-GRP INCOMPAT MOM"	"ISOIMMUN FROM OTH&UNS BLD-GRP INCOMPAT MGMT MOTH"
"656.20"	"ISOIMUN UNS BLD INCOMPAT UNS EOC PG"	"ISOIMMU UNS BLD-GRP INCOMPAT UNS EPIS CARE PG"
"656.21"	"ISOIMUN UNS BLD-GRP INCMPAT MOM DEL"	"ISOIMMU OTH&UNS BLD-GRP INCOMPAT MGMT MOTH DELIV"
"656.23"	"ISOIMUN UNS BLD-GRP INCMPAT ANTPRTM"	"ISOIMMU UNS BLD-GRP INCOMPAT MGMT MOTH ANTPRTM"
"656.3"	"FETAL DISTRESS AFFECT MGMT MOTH"	"FETAL DISTRESS AFFECTING MANAGEMENT OF MOTHER"
"656.30"	"FETL DISTRESS MGMT MOTH UNS EOC"	"FETAL DISTRESS AFFCT MGMT MOTH UNS AS EPIS CARE"
"656.31"	"FETAL DISTRESS MGMT MOTH DELIV"	"FETAL DISTRESS AFFECT MANAGEMENT MOTH DELIVERED"
"656.33"	"FETAL DISTRESS MGMT MOTH ANTPRTM"	"FETAL DISTRESS AFFECT MANAGEMENT MOTH ANTEPARTUM"
"656.4"	"INTRAUTERINE DEATH AFFECT MGMT MOTH"	"INTRAUTERINE DEATH AFFECTING MANAGEMENT MOTHER"
"656.40"	"INTRAUTERN DEATH MGMT MOTH UNS EOC"	"INTRAUTERN DEATH MGMT MOTH UNS AS EPIS CARE"
"656.41"	"INTRAUTERN DEATH MGMT MOTH DELIV"	"INTRAUTERINE DEATH AFFECT MANAGEMENT MOTH DELIV"
"656.43"	"INTRAUTERN DEATH MGMT MOTH ANTPRTM"	"INTRAUTERINE DEATH AFFECT MGMT MOTH ANTPRTM"
"656.5"	"POOR FETAL GROWTH AFFECT MGMT MOTH"	"POOR FETAL GROWTH AFFECTING MANAGEMENT OF MOTHER"
"656.50"	"POOR FETL GROWTH MGMT MOTH UNS EOC"	"POOR FETAL GROWTH MGMT MOTH UNS AS EPIS CARE"
"656.51"	"POOR FETAL GROWTH MGMT MOTH DELIV"	"POOR FETAL GROWTH AFFECT MANAGEMENT MOTH DELIV"
"656.53"	"POOR FETL GROWTH ANTPRTM COND/COMPL"	"POOR FETAL GROWTH MGMT MOTH ANTPRTM COND/COMP"
"656.6"	"EXCESS FETAL GROWTH AFFCT MGMT MOTH"	"EXCESSIVE FETAL GROWTH AFFECTING MANAGEMENT MOTH"
"656.60"	"XCESS FETL GROWTH MGMT MOTH UNS EOC"	"XCESS FETAL GROWTH MGMT MOTH UNS AS EPIS CARE"
"656.61"	"XCESS FETAL GROWTH MGMT MOTH DELIV"	"EXCESS FETAL GROWTH AFFECT MANAGEMENT MOTH DELIV"
"656.63"	"XCESS FETL GROWTH MGMT MOTH ANTPRTM"	"EXCESS FETAL GROWTH AFFECT MGMT MOTH ANTPRTM"
"656.7"	"OTH PLACNTL CONDS AFFECT MGMT MOTH"	"OTH PLACENTAL CONDS AFFECTING MANAGEMENT MOTH"
"656.70"	"OTH PLACNTL COND MGMT MOTH UNS EOC"	"OTH PLACNTL CONDS MGMT MOTH UNS AS EPIS CARE"
"656.71"	"OTH PLACNTL CONDS MGMT MOTH DELIV"	"OTH PLACENTAL CONDS AFFECT MANAGEMENT MOTH DELIV"
"656.73"	"OTH PLACNTL CONDS MGMT MOTH ANTPRTM"	"OTH PLACENTAL CONDS AFFECT MGMT MOTH ANTPRTM"
"656.8"	"OTH FETL&PLACNTL PROBS MGMT MOTH"	"OTH SPEC FETAL&PLACNTL PROBLEMS AFFECT MGMT MOTH"
"656.80"	"OTH SPEC FETL&PLACNTL PROBS UNS EOC"	"OTH SPEC FETL&PLACNTL PROBS MGMT MOTH UNS EOC"
"656.81"	"OTH SPEC FETAL&PLACNTL PROBS DEL"	"OTH SPEC FETAL&PLACNTL PROBS MGMT MOTH DELIV"
"656.83"	"OTH SPEC FETAL&PLACNTL PROB ANTPRTM"	"OTH SPEC FETAL&PLACNTL PROBS MGMT MOTH ANTPRTM"
"656.9"	"UNS FETAL&PLACNTL PROB MGMT MOTH"	"UNSPEC FETAL&PLACENTAL PROBLEM AFFECT MGMT MOTH"
"656.90"	"UNS FETL&PLACNTL PROB UNS EPIS CARE"	"UNS FETAL&PLACNTL PROB MGMT MOTH UNS EPIS CARE"
"656.91"	"UNS FETL&PLACNTL PROB MGMT MOTH DEL"	"UNSPEC FETAL&PLACNTL PROB AFFECT MGMT MOTH DELIV"
"656.93"	"UNS FETAL&PLACENTAL PROB ANTEPARTUM"	"UNS FETAL&PLACNTL PROB AFFCT MGMT MOTH ANTPRTM"
"657"	"POLYHYDRAMNIOS"	"POLYHYDRAMNIOS"
"657.0"	"POLYHYDRAMNIOS"	"POLYHYDRAMNIOS"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"657.00"	"POLYHYDRAMNIOS UNSPEC AS EPIS CARE"	"POLYHYDRAMNIOS UNSPECIFIED AS TO EPISODE OF CARE"
"657.01"	"POLYHYDRAMNIOS"	"WITH DELIVERY"
"657.03"	"POLYHYDRAMNIOS ANTPRTM COMPLICATION"	"POLYHYDRAMNIOS ANTEPARTUM COMPLICATION"
"658"	"OTH PROBS ASSOC W/AMNIOTIC CAV&MEMB"	"OTH PROBLEMS ASSOC W/AMNIOTIC CAVITY&MEMBRANES"
"658.0"	"OLIGOHYDRAMNIOS"	"OLIGOHYDRAMNIOS"
"658.00"	"OLIGOHYDRAMNIOS UNSPEC AS EPIS CARE"	"OLIGOHYDRAMNIOS UNSPECIFIED AS TO EPISODE CARE"
"658.01"	"OLIGOHYDRAMNIOS"	"DELIVERED"
"658.03"	"OLIGOHYDRAMNIOS"	"ANTEPARTUM"
"658.1"	"PREMATURE RUPTURE MEMB PREGNANCY"	"PREMATURE RUPTURE OF MEMBRANES IN PREGNANCY"
"658.10"	"PRMAT RUP MEMB PG UNS AS EPIS CARE"	"PREMATURE RUPTURE MEMB PG UNSPEC AS EPIS CARE"
"658.11"	"PREMATURE RUPTURE MEMB PG DELIV"	"PREMATURE RUPTURE MEMBRANES PREGNANCY DELIVERED"
"658.13"	"PREMATURE RUPTURE MEMB PG ANTPRTM"	"PREMATURE RUPTURE MEMBRANES PREGNANCY ANTEPARTUM"
"658.2"	"DELAY DEL AFTER SPONT/UNS RUP MEMB"	"DELAY DELIV AFTER SPONT/UNSPEC RUPTURE MEMB"
"658.20"	"DLAY DEL SPONT/UNS RUP MEMB UNS EOC"	"DELAY DELIV AFTER SPONT/UNS RUP MEMB UNS EOC"
"658.21"	"DELAY DEL SPONT/UNS RUP MEMB DEL"	"DELAY DELIV AFTER SPONT/UNSPEC RUP MEMB DELIV"
"658.23"	"DLAY DEL SPONT/UNS RUP MEMB ANTPRTM"	"DELAY DELIV AFTER SPONT/UNSPEC RUP MEMB ANTPRTM"
"658.3"	"DELAY DELIV AFTER ARTFICL RUP MEMB"	"DELAY DELIVERY AFTER ARTFICL RUPTURE MEMBRANES"
"658.30"	"DELAY DEL ARTFICL RUP MEMB UNS EOC"	"DELAY DELIV AFTER ARTFICL RUP MEMB UNS EPIS CARE"
"658.31"	"DELAY DEL ARTFICL RUPTURE MEMB DEL"	"DELAY DELIV AFTER ARTFICL RUPTURE MEMB DELIV"
"658.33"	"DELAY DEL ARTFICL RUP MEMB ANTPRTM"	"DELAY DELIV AFTER ARTFICL RUPTURE MEMB ANTPRTM"
"658.4"	"INFECTION OF AMNIOTIC CAVITY"	"INFECTION OF AMNIOTIC CAVITY"
"658.40"	"INF AMNIOTIC CAV UNS AS EPIS CARE"	"INFECTION AMNIOTIC CAVITY UNSPEC AS EPISODE CARE"
"658.41"	"INFECTION AMNIOTIC CAVITY DELIVERED"	"INFECTION OF AMNIOTIC CAVITY DELIVERED"
"658.43"	"INFECTION AMNIOTIC CAVITY ANTPRTM"	"INFECTION OF AMNIOTIC CAVITY ANTEPARTUM"
"658.8"	"OTH PROBS ASSOC W/AMNIOTIC CAV&MEMB"	"OTH PROBLEMS ASSOC W/AMNIOTIC CAVITY&MEMBRANES"
"658.80"	"OTH PROBW/AMNIOTIC CAV&MEMB UNS EOC"	"OTH PROB ASSOC W/AMNIOTIC CAV&MEMB UNS EPIS CARE"
"658.81"	"OTH PROBW/AMNIOTIC CAV&MEMB DELIV"	"OTH PROBLEM ASSOC W/AMNIOTIC CAVITY&MEMB DELIV"
"658.83"	"OTH PROBW/AMNIOTIC CAV&MEMB ANTPRTM"	"OTH PROBLEM ASSOC W/AMNIOTIC CAVITY&MEMB ANTPRTM"
"658.9"	"UNS PROB ASSOC W/AMNIOTIC CAV&MEMB"	"UNSPEC PROBLEM ASSOC W/AMNIOTIC CAVITY&MEMBRANES"
"658.90"	"UNS PROBW/AMNIOTIC CAV&MEMB UNS EOC"	"UNS PROB ASSOC W/AMNIOTIC CAV&MEMB UNS EPIS CARE"
"658.91"	"UNS PROBW/AMNIOTIC CAV&MEMB DELIV"	"UNSPEC PROB ASSOC W/AMNIOTIC CAVITY&MEMB DELIV"
"658.93"	"UNS PROBW/AMNIOTIC CAV&MEMB ANTPRTM"	"UNSPEC PROB ASSOC W/AMNIOTIC CAVITY&MEMB ANTPRTM"
"659"	"OTH INDICAT CARE/INTRVN REL L&D NEC"	"OTH INDICATS CARE/INTERVENTION RELATED L&D NEC"
"659.0"	"FAILED MECHANICAL INDUCTION LABOR"	"FAILED MECHANICAL INDUCTION OF LABOR"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"659.00"	"FAILMECH INDUCT LABR UNS EPIS CARE"	"FAILED MECH INDUCTION LABOR UNSPEC AS EPIS CARE"
"659.01"	"FAILED MECH INDUCTION LABOR DELIV"	"FAILED MECHANICAL INDUCTION OF LABOR DELIVERED"
"659.03"	"FAILED MECH INDUCTION LABOR ANTPRTM"	"FAILED MECHANICAL INDUCTION OF LABOR ANTEPARTUM"
"659.1"	"FAILMEDICAL/UNSPEC INDUCTION LABOR"	"FAILED MEDICAL OR UNSPECIFIED INDUCTION OF LABOR"
"659.10"	"FAILMED/UNSPEC INDUCT LABR UNS EOC"	"FAILMED/UNSPEC INDUCT LABR UNSPEC AS EPIS CARE"
"659.11"	"FAILMED/UNSPEC INDUCT LABR DELIV"	"FAILED MEDICAL/UNSPEC INDUCTION LABOR DELIVERED"
"659.13"	"FAILMED/UNSPEC INDUCT LABR ANTPRTM"	"FAILED MEDICAL/UNSPEC INDUCTION LABOR ANTEPARTUM"
"659.2"	"MTRN PYREXIA DURING LABOR UNSPEC"	"MATERNAL PYREXIA DURING LABOR UNSPECIFIED"
"659.20"	"UNS MTRN PYREXIA DUR LABR UNS EOC"	"UNSPEC MTRN PYREXIA DUR LABR UNSPEC AS EPIS CARE"
"659.21"	"UNSPEC MTRN PYREXIA DUR LABOR DELIV"	"UNSPEC MATERNAL PYREXIA DURING LABOR DELIVERED"
"659.23"	"UNSPEC MATERNAL PYREXIA ANTEPARTUM"	"UNSPECIFIED MATERNAL PYREXIA ANTEPARTUM"
"659.3"	"GENERALIZED INFECTION DURING LABOR"	"GENERALIZED INFECTION DURING LABOR"
"659.30"	"GEN INF DUR LABR UNS AS EPIS CARE"	"GEN INFECTION DURING LABOR UNSPEC AS EPIS CARE"
"659.31"	"GEN INFECTION DURING LABOR DELIV"	"GENERALIZED INFECTION DURING LABOR DELIVERED"
"659.33"	"GEN INFECTION DURING LABOR ANTPRTM"	"GENERALIZED INFECTION DURING LABOR ANTEPARTUM"
"659.4"	"GRAND MULTIPARITY W/CURRENT PG"	"GRAND MULTIPARITY WITH CURRENT PREGNANCY"
"659.40"	"GRAND MXIPARITY W/CURR PG UNS EOC"	"GRAND MULTIPARITY W/CURRNT PG UNS AS EPIS CARE"
"659.41"	"GRAND MULTIP DEL W/VO ANTPRTM COND"	"GRAND MULTIPARITY DELIV W/VO ANTPRTM COND"
"659.43"	"GRAND MULTIPARITY W/CURR PG ANTPRTM"	"GRAND MULTIPARITY W/CURRENT PREGNANCY ANTEPARTUM"
"659.5"	"ELDERLY PRIMIGRAVIDA"	"ELDERLY PRIMIGRAVIDA"
"659.50"	"ELDER PRIMIGRAVIDA UNS AS EPIS CARE"	"ELDERLY PRIMIGRAVIDA UNSPECIFIED AS EPISODE CARE"
"659.51"	"ELDERLY PRIMIGRAVIDA"	"DELIVERED"
"659.53"	"ELDERLY PRIMIGRAVIDA"	"ANTEPARTUM"
"659.6"	"ELDERLY MULTIGRAVIDA"	"ELDERLY MULTIGRAVIDA"
"659.60"	"ELDER MXIGRAVDA UNS EOC/NOT APPLIC"	"ELDER MULTIGRAVIDA UNS AS EPIS CARE/NOT APPLIC"
"659.61"	"ELDER MXIGRAVDA DEL W/ANTPRTM COND"	"ELDER MULTIGRAVIDA DELIV W/MENTION ANTPRTM COND"
"659.63"	"ELDER MXIGRAVDA W/ANTPRTM COND/COMP"	"ELDERLY MULTIGRAVIDA W/ANTPRTM COND/COMPLICATION"
"659.7"	"ABNORMALITY FETAL HEART RATE/RHYTHM"	"ABNORMALITY IN FETAL HEART RATE OR RHYTHM"
"659.70"	"ABN FETAL HEART RATE/RHYTHM UNS EOC"	"ABN FETL HRT RATE/RHYTHM UNS EOC/NOT APPLIC"
"659.71"	"ABN FETAL HEART RATE/RHYTHM DEL"	"ABN FETL HRT RATE/RHYTHM DELIV W/VO ANTPRTM COND"
"659.73"	"ABN FETAL HEART RATE ANTPRTM COMPL"	"ABNORM FETAL HEART RATE/RHYTHM ANTPRTM COND/COMP"
"659.8"	"OTH INDICAT CARE/INTRVN REL L&D"	"OTH SPEC INDICATS CARE/INTERVENTION RELATED L&D"
"659.80"	"OTH INDCAT CARE REL L&D UNS EOC"	"OTH SPEC INDICAT CARE/INTRVN REL L&D UNS EOC"
"659.81"	"OTH INDICAT CARE/INTRVN REL L&D DEL"	"OTH SPEC INDICAT CARE/INTERVEN RELATED L&D DELIV"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"659.83"	"OTH INDCAT CARE REL L&D ANTEPARTUM"	"OTH SPEC INDICAT CARE/INTERVEN REL L&D ANTPRTM"
"659.9"	"UNS INDICAT CARE/INTERVEN REL L&D"	"UNSPEC INDICATION CARE/INTERVENTION RELATED L&D"
"659.90"	"UNS INDICAT CARE REL L&D UNS EOC"	"UNS INDICAT CARE/INTERVEN REL L&D UNS EPIS CARE"
"659.91"	"UNS INDICAT CARE/INTRVN REL L&D DEL"	"UNSPEC INDICAT CARE/INTERVEN RELATED L&D DELIV"
"659.93"	"UNS INDICAT CARE REL L&D ANTPRTM"	"UNSPEC INDICAT CARE/INTERVEN RELATED L&D ANTPRTM"
"66"	"OPERATIONS ON FALLOPIAN TUBES"	"OPERATIONS ON FALLOPIAN TUBES"
"66.0"	"SALPINGOTOMY"	"SALPINGOTOMY"
"66.01"	"SALPINGOTOMY"	"SALPINGOTOMY"
"66.02"	"SALPINGOSTOMY"	"SALPINGOSTOMY"
"66.1"	"DIAGNOSTIC PROC FALLOPIAN TUBES"	"DIAGNOSTIC PROCEDURES ON FALLOPIAN TUBES"
"66.11"	"BIOPSY OF FALLOPIAN TUBE"	"BIOPSY OF FALLOPIAN TUBE"
"66.19"	"OTH DIAGNOSTIC PROC FALLOPIAN TUBES"	"OTHER DIAGNOSTIC PROCEDURES ON FALLOPIAN TUBES"
"66.2"	"BIL ENDO DEST/OCCLU FALLOPIAN TUBES"	"BILATERAL ENDO DESTRUC/OCCLUSION FALLOPIAN TUBES"
"66.21"	"BIL ENDO LIG-CRUSH FALLOPIAN TUBES"	"BILATERAL ENDO LIGATION&CRUSHING FALLOPIAN TUBES"
"66.22"	"BILAT ENDO LIG&DIV FALLOP TUBES"	"BILATERAL ENDO LIGATION&DIV FALLOPIAN TUBES"
"66.29"	"OTH BIL ENDO DESTRUC FALLOP TUBES"	"OTH BILAT ENDO DESTRUC/OCCLUSION FALLOP TUBES"
"66.3"	"OTH BILAT DESTRUC/OCCL FALLOP TUBES"	"OTH BILATERAL DESTRUC/OCCLUSION FALLOPIAN TUBES"
"66.31"	"OTH BILAT LIG&CRUSHING FALLOP TUBES"	"OTH BILATERAL LIGATION&CRUSHING FALLOPIAN TUBES"
"66.32"	"OTH BILAT LIGATION&DIV FALLOP TUBES"	"OTH BILATERAL LIGATION&DIVISION FALLOPIAN TUBES"
"66.39"	"OTH BILAT DESTRUC/OCCL FALLOP TUBES"	"OTH BILATERAL DESTRUC/OCCLUSION FALLOPIAN TUBES"
"66.4"	"TOTAL UNILATERAL SALPINGECTOMY"	"TOTAL UNILATERAL SALPINGECTOMY"
"66.5"	"TOTAL BILATERAL SALPINGECTOMY"	"TOTAL BILATERAL SALPINGECTOMY"
"66.51"	"REMOV BIL FALLOP TUBES-SAME SURG"	"REMOVAL BOTH FALLOPIAN TUBES@SAME OPERATIVE EPIS"
"66.52"	"REMOVAL OF REMAINING FALLOPIAN TUBE"	"REMOVAL OF REMAINING FALLOPIAN TUBE"
"66.6"	"OTHER SALPINGECTOMY"	"OTHER SALPINGECTOMY"
"66.61"	"EXCISION/DESTRUC LESION FALLOP TUBE"	"EXCISION OR DESTRUCTION LESION FALLOPIAN TUBE"
"66.62"	"SALPINGECTOMY W/REMOVAL TUBAL PG"	"SALPINGECTOMY WITH REMOVAL OF TUBAL PREGNANCY"
"66.63"	"BILATERAL PARTIAL SALPINGECTOMY NOS"	"BILATERAL PARTIAL SALPINGECTOMY NOS"
"66.69"	"OTHER PARTIAL SALPINGECTOMY"	"OTHER PARTIAL SALPINGECTOMY"
"66.7"	"REPAIR OF FALLOPIAN TUBE"	"REPAIR OF FALLOPIAN TUBE"
"66.71"	"SIMPLE SUTURE OF FALLOPIAN TUBE"	"SIMPLE SUTURE OF FALLOPIAN TUBE"
"66.72"	"SALPINGO-OOPHOROSTOMY"	"SALPINGO-OOPHOROSTOMY"
"66.73"	"SALPINGO-SALPINGOSTOMY"	"SALPINGO-SALPINGOSTOMY"
"66.74"	"SALPINGO-UTEROSTOMY"	"SALPINGO-UTEROSTOMY"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"66.79"	"OTHER REPAIR OF FALLOPIAN TUBE"	"OTHER REPAIR OF FALLOPIAN TUBE"
"66.8"	"INSUFFLATION OF FALLOPIAN TUBE"	"INSUFFLATION OF FALLOPIAN TUBE"
"66.9"	"OTHER OPERATIONS ON FALLOPIAN TUBES"	"OTHER OPERATIONS ON FALLOPIAN TUBES"
"66.91"	"ASPIRATION OF FALLOPIAN TUBE"	"ASPIRATION OF FALLOPIAN TUBE"
"66.92"	"UNILAT DESTRUC/OCCL FALLOP TUBE"	"UNILATERAL DESTRUCTION/OCCLUSION FALLOPIAN TUBE"
"66.93"	"IMPL/REPLCMT PROSTHESIS FALLOP TUBE"	"IMPLANTATION/REPLACEMENT PROSTHESIS FALLOP TUBE"
"66.94"	"REMOVAL PROSTHESIS FALLOPIAN TUBE"	"REMOVAL OF PROSTHESIS OF FALLOPIAN TUBE"
"66.95"	"INSUFFLATION TX AGT IN FALLOP TUBES"	"INSUFFLATION THERAPEUTIC AGT INTO FALLOP TUBES"
"66.96"	"DILATION OF FALLOPIAN TUBE"	"DILATION OF FALLOPIAN TUBE"
"66.97"	"BURYING OF FIMBRIAE IN UTERINE WALL"	"BURYING OF FIMBRIAE IN UTERINE WALL"
"66.99"	"OTHER OPERATIONS ON FALLOPIAN TUBES"	"OTHER OPERATIONS ON FALLOPIAN TUBES"
"660"	"OBSTRUCTED LABOR"	"OBSTRUCTED LABOR"
"660.0"	"OBST CAUS MALPSTN FETUS@ONSET LABR"	"OBSTRUCTION CAUSED MALPOSITION FETUS@ONSET LABOR"
"660.00"	"OBST CAUS MALPSTN FTUS@LABR UNS EOC"	"OBST CAUS MALPSTN FETUS@ONSET LABR UNS EPIS CARE"
"660.01"	"OBST CAUS MALPOS FETUS@LABOR DEL"	"OBST CAUS MALPOSITION FETUS@ONSET LABR DELIV"
"660.03"	"OBST CAUS MALPOS FETUS@LABR ANTPRTM"	"OBST CAUS MALPOSITION FETUS@ONSET LABR ANTPRTM"
"660.1"	"OBSTRUCTION BONY PELVIS DURING L&D"	"OBSTRUCTION BY BONY PELVIS DURING L&D"
"660.10"	"OBST BONY PELV DUR L&D UNS EOC"	"OBST BONY PELV DUR L&D UNSPEC AS EPIS CARE"
"660.11"	"OBSTRUCTION BONY PELV DUR L&D DELIV"	"OBSTRUCTION BY BONY PELVIS DURING L&D DELIVERED"
"660.13"	"OBST BONY PELV DUR L&D ANTPRTM"	"OBSTRUCTION BY BONY PELVIS DURING L&D ANTEPARTUM"
"660.2"	"OBST ABNORM PELV SOFT TISS DUR L&D"	"OBSTRUCTION ABNORMAL PELV SOFT TISS DURING L&D"
"660.20"	"OBST ABN PELV SFT TISS-L&D UNS EOC"	"OBST ABNORM PELV SFT TISS DUR L&D UNS EPIS CARE"
"660.21"	"OBST ABN PELV SFT TISS-L&D DEL"	"OBST ABN PELV SFT TISS DUR LABRAND DELIV DELIV"
"660.23"	"OBST ABN PELV SOFT TISS-L&D ANTPRTM"	"OBST ABNORM PELV SOFT TISS DUR L&D ANTPRTM"
"660.3"	"DEEP TRANS ARREST-OCCIPITOPOSTR POS"	"DEEP TRANSVERSE ARREST-OCCIPITOPOSTERIOR POSIT"
"660.30"	"DEEP TRANS ARREST-OCCIPTPOST-UNS EOC"	"DEEP TRNSVRSE ARREST-OCCIPITOPOST POSIT-UNS EOC"
"660.31"	"DEEP TRANS ARREST-OCCIPITPOST-L&D"	"DEEP TRNSVRSE ARREST-OCCIPITOPOSTER-DEL-UNS APC"
"660.33"	"DEEP TRANS ARREST-OCCIPTPOST ANTPRTM"	"DEEP TRANSVERSE ARREST-OCCIPITOPOST POSIT-APC/C"
"660.4"	"SHOULDER DYSTOCIA DURING L&D"	"SHOULDER DYSTOCIA DURING LABOR AND DELIVERY"
"660.40"	"SHLDR DYSTOCIA DUR L&D UNS EOC"	"SHOULDER DYSTOCIA DURING L&D UNSPEC AS EPIS CARE"
"660.41"	"SHLDR DYSTOCIA DUR LABR&DEL ER DEL"	"SHOULDER DYSTOCIA DURING LABOR&DELIVER DELIVERED"
"660.43"	"SHLDR DYSTOCIA DURING L&D ANTPRTM"	"SHOULDER DYSTOCIA DURING L&D ANTEPARTUM"
"660.5"	"LOCKED TWINS"	"LOCKED TWINS"
"660.50"	"LOCKED TWINS DUR L&D UNS EOC PG"	"LOCKED TWINS DURING L&D UNSPEC AS EPIS CARE PG"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"660.51"	"LOCKED TWINS	DELIVERED"
"660.53"	"LOCKED TWINS	ANTEPARTUM"
"660.6"	"UNSPECIFIED FAILED TRIAL OF LABOR"	"UNSPECIFIED FAILED TRIAL OF LABOR"
"660.60"	"UNS FAILTRIAL LABR UNSIFED AS EPIS"	"UNSPEC FAILED TRIAL LABOR UNSPECIFIED AS EPISODE"
"660.61"	"UNSPEC FAILED TRIAL LABOR DELIVERED"	"UNSPECIFIED FAILED TRIAL OF LABOR DELIVERED"
"660.63"	"UNSPEC FAILED TRIAL LABOR ANTPRTM"	"UNSPECIFIED FAILED TRIAL OF LABOR ANTEPARTUM"
"660.7"	"UNSPEC FAILED FORCEPS/VAC EXT"	"UNSPECIFIED FAILED FORCEPS OR VACUUM EXTRACTOR"
"660.70"	"UNS FAILFORCEPS/VAC EXT UNS EOC"	"UNS FAILD FORCEP/VAC EXTRACTOR UNS AS EPIS CARE"
"660.71"	"UNSPEC FAILED FORCEPS/VAC EXT DELIV"	"UNSPEC FAILED FORCEPS/VACUUM EXTRACTOR DELIVERED"
"660.73"	"FAILFORCEPS/VAC EXT UNSPEC ANTPRTM"	"FAILED FORCEPS/VAC EXT UNSPEC ANTEPARTUM"
"660.8"	"OTHER CAUSES OF OBSTRUCTED LABOR"	"OTHER CAUSES OF OBSTRUCTED LABOR"
"660.80"	"OTH CAUS OBST LABR UNS AS EPIS CARE"	"OTH CAUSES OBSTRUCTED LABOR UNSPEC AS EPIS CARE"
"660.81"	"OTH CAUSES OBSTRUCTED LABOR DELIV"	"OTHER CAUSES OF OBSTRUCTED LABOR DELIVERED"
"660.83"	"OTH CAUSES OBSTRUCTED LABOR ANTPRTM"	"OTHER CAUSES OF OBSTRUCTED LABOR ANTEPARTUM"
"660.9"	"UNSPECIFIED OBSTRUCTED LABOR"	"UNSPECIFIED OBSTRUCTED LABOR"
"660.90"	"UNS OBST LABR UNS AS EPIS CARE"	"UNSPEC OBSTRUCTED LABOR UNSPEC AS EPISODE CARE"
"660.91"	"UNSPEC OBSTRUCTED LABOR W/DELIVERY"	"UNSPECIFIED OBSTRUCTED LABOR WITH DELIVERY"
"660.93"	"UNSPEC OBSTRUCTED LABOR ANTEPARTUM"	"UNSPECIFIED OBSTRUCTED LABOR ANTEPARTUM"
"661"	"ABNORMALITY OF FORCES OF LABOR"	"ABNORMALITY OF FORCES OF LABOR"
"661.0"	"PRIMARY UTERINE INERTIA"	"PRIMARY UTERINE INERTIA"
"661.00"	"PRIM UTERN INERTIA UNS AS EPIS CARE"	"PRIMARY UTERINE INERTIA UNSPEC AS EPISODE CARE"
"661.01"	"PRIMARY UTERINE INERTIA W/DELIVERY"	"PRIMARY UTERINE INERTIA WITH DELIVERY"
"661.03"	"PRIMARY UTERINE INERTIA	ANTEPARTUM"
"661.1"	"SECONDARY UTERINE INERTIA"	"SECONDARY UTERINE INERTIA"
"661.10"	"SEC UTERN INERTIA UNS AS EPIS CARE"	"SEC UTERINE INERTIA UNSPECIFIED AS EPISODE CARE"
"661.11"	"SEC UTERINE INERTIA WITH DELIVERY"	"SECONDARY UTERINE INERTIA WITH DELIVERY"
"661.13"	"SEC UTERINE INERTIA ANTEPARTUM"	"SECONDARY UTERINE INERTIA ANTEPARTUM"
"661.2"	"OTHER&UNSPECIFIED UTERINE INERTIA"	"OTHER AND UNSPECIFIED UTERINE INERTIA"
"661.20"	"OTH&UNS UTERN INERTIA UNS EPIS CARE"	"OTH&UNSPEC UTERINE INERTIA UNSPEC AS EPIS CARE"
"661.21"	"OTH&UNSPEC UTERINE INERTIA W/DELIV"	"OTHER AND UNSPECIFIED UTERINE INERTIA W/DELIVERY"
"661.23"	"OTH&UNSPEC UTERINE INERTIA ANTPRTM"	"OTHER AND UNSPECIFIED UTERINE INERTIA ANTEPARTUM"
"661.3"	"PRECIPITATE LABOR"	"PRECIPITATE LABOR"
"661.30"	"PRECIPITATE LABR UNS AS EPIS CARE"	"PRECIPITATE LABOR UNSPECIFIED AS TO EPISODE CARE"
"661.31"	"PRECIPITATE LABOR	WITH DELIVERY"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"661.33"	"PRECIPITATE LABOR	ANTEPARTUM"
"661.4"	"HYPERTONIC/PROLONGED UTERN CONTRACT"	"HYPERTON INCOORD/PROLONGED UTERINE CONTRACTIONS"
"661.40"	"HYPRTON/PROLNG UTERN CNTRCT UNS EOC"	"HYPERTON INCOORD/PROLNG UTERN CONTRACS UNS EOC"
"661.41"	"HYPERTON/PROLNG UTERN CONTRACT DEL"	"HYPERTON INCOORD/PROLONG UTERINE CONTRACS DELIV"
"661.43"	"HYPERTON/PROLNG UTRN CNTRCT ANTPRTM"	"HYPERTON INCOORD/PROLNG UTERINE CONTRACS ANTPRTM"
"661.9"	"UNSPECIFIED ABNORMALITY OF LABOR"	"UNSPECIFIED ABNORMALITY OF LABOR"
"661.90"	"UNS ABNORM LABR UNS AS EPIS CARE"	"UNSPEC ABNORMALITY LABOR UNSPEC AS EPISODE CARE"
"661.91"	"UNSPEC ABNORMALITY LABOR W/DELIVERY"	"UNSPECIFIED ABNORMALITY OF LABOR WITH DELIVERY"
"661.93"	"UNSPEC ABNORMALITY LABOR ANTEPARTUM"	"UNSPECIFIED ABNORMALITY OF LABOR ANTEPARTUM"
"662"	"LONG LABOR"	"LONG LABOR"
"662.0"	"PROLONGED FIRST STAGE OF LABOR"	"PROLONGED FIRST STAGE OF LABOR"
"662.00"	"PROLNG 1 STAGE LABR UNS EPIS CARE"	"PROLONGED 1 STAGE LABOR UNSPEC AS EPISODE CARE"
"662.01"	"PROLONGED 1 STAGE LABOR DELIVERED"	"PROLONGED FIRST STAGE OF LABOR DELIVERED"
"662.03"	"PROLONGED 1 STAGE LABOR ANTEPARTUM"	"PROLONGED FIRST STAGE OF LABOR ANTEPARTUM"
"662.1"	"UNSPECIFIED PROLONGED LABOR"	"UNSPECIFIED PROLONGED LABOR"
"662.10"	"UNS PROLNG LABR UNS AS EPIS CARE"	"UNSPEC PROLONGED LABOR UNSPEC AS EPISODE CARE"
"662.11"	"UNSPEC PROLONGED LABOR DELIVERED"	"UNSPECIFIED PROLONGED LABOR DELIVERED"
"662.13"	"UNSPEC PROLONGED LABOR ANTEPARTUM"	"UNSPECIFIED PROLONGED LABOR ANTEPARTUM"
"662.2"	"PROLONGED SECOND STAGE OF LABOR"	"PROLONGED SECOND STAGE OF LABOR"
"662.20"	"PROLNG 2 STAGE LABR UNS EPIS CARE"	"PROLONGED 2 STAGE LABOR UNSPEC AS EPISODE CARE"
"662.21"	"PROLONGED 2 STAGE LABOR DELIVERED"	"PROLONGED SECOND STAGE OF LABOR DELIVERED"
"662.23"	"PROLONGED 2 STAGE LABOR ANTEPARTUM"	"PROLONGED SECOND STAGE OF LABOR ANTEPARTUM"
"662.3"	"DELAYED DELIVERY 2 TWIN TRIPLET ETC"	"DELAYED DELIVERY OF SECOND TWIN TRIPLET ETC"
"662.30"	"DELAY DEL 2 TWIN TRIPLT ETC UNS EOC"	"DELAY DELIV 2 TWIN TRIPLT ETC UNS AS EPIS CARE"
"662.31"	"DELAY DELIV 2 TWIN TRIPLT ETC DELIV"	"DELAYED DELIVERY 2 TWIN TRIPLET ETC DELIVERED"
"662.33"	"DELAY DEL 2 TWIN TRIPLT ETC ANTPRTM"	"DELAYED DELIVERY 2 TWIN TRIPLET ETC ANTEPARTUM"
"663"	"UMBILICAL CORD COMPS DURING L&D"	"UMBILICAL CORD COMPLICATIONS DURING L&D"
"663.0"	"PROLAPSE OF CORD COMPLICATING L&D"	"PROLAPSE OF CORD COMPLICATING LABOR AND DELIVERY"
"663.00"	"PROLAPS CORD COMP L&D UNS EPIS CARE"	"PROLAPSE CORD COMP L&D UNSPEC AS EPISODE CARE"
"663.01"	"PROLAPSE CORD COMP L&D DELIVERED"	"PROLAPSE OF CORD COMPLICATING L&D DELIVERED"
"663.03"	"PROLAPSE CORD COMP L&D ANTPRTM"	"PROLAPSE OF CORD COMPLICATING L&D ANTEPARTUM"
"663.1"	"CORD AROUND NECK W/COMPRS COMP L&D"	"CORD AROUND NECK W/COMPRESSION COMPLICATING L&D"
"663.10"	"CORD AROUND NECK-COMPRS UNS EOC"	"CORD AROUND NCK W/COMPRS COMP L&D UNS EPIS CARE"
"663.11"	"CORD AROUND NECK-COMPRS DEL"	"CORD AROUND NECK W/COMPRS COMP L&D DELIVERED"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"663.13"	"CORD AROUND NECK-COMPRS ANTPRTM"	"CORD AROUND NECK W/COMPRESSION COMP L&D ANTPRTM"
"663.2"	"UNS CRD ENTANGL W/COMPRS COMP L&D"	"OTH&UNSPEC CORD ENTANGMENT W/COMPRS COMP L&D"
"663.20"	"OTH& UNS CORD-COMPRESS UNS EOC"	"UNS CRD ENTANGL W/COMPRS COMP L&D UNS EPIS CARE"
"663.21"	"OTH&UNS CORD-COMPPRS COMPL L&D DEL"	"OTH&UNSPEC CORD ENTANGL W/COMPRS COMP L&D DELIV"
"663.23"	"OTH&UNS CORD-COMPRS COMPL L&D ANTPR"	"OTH&UNS CORD ENTANGL W/COMPRS COMP L&D ANTPRTM"
"663.3"	"UNS CRD ENTANGL W/O COMPRS COMP L&D"	"OTH&UNS CORD ENTANGL W/O MENTION COMPRS COMP L&D"
"663.30"	"OTH&UNS CORD ENTANGLE UNS EOC"	"UNS CRD ENTANGL W/O COMPRS COMP L&D UNS EOC"
"663.31"	"OTH&UNS CORD ENTANGLE COMPL L&D DEL"	"OTH&UNS CRD ENTANGL W/O COMPRS COMP L&D DELIV"
"663.33"	"OTH&UNS CRD ENTANGL COMPL L&D ANTPR"	"OTH&UNS CRD ENTANGL W/O COMPRS COMP L&D ANTPRTM"
"663.4"	"SHORT CORD COMPLICATING L&D"	"SHORT CORD COMPLICATING LABOR AND DELIVERY"
"663.40"	"SHRT CORD COMP L&D UNS AS EPIS CARE"	"SHORT CORD COMP L&D UNSPEC AS EPISODE CARE"
"663.41"	"SHORT CORD COMP L&D DELIVERED"	"SHORT CORD COMPLICATING L&D DELIVERED"
"663.43"	"SHORT CORD COMPLICATING L&D ANTPRTM"	"SHORT CORD COMPLICATING L&D ANTEPARTUM"
"663.5"	"VASA PREVIA COMPLICATING L&D"	"VASA PREVIA COMPLICATING LABOR AND DELIVERY"
"663.50"	"VASA PREVIA COMP L&D UNS EPIS CARE"	"VASA PREVIA COMP L&D UNSPEC AS EPISODE CARE"
"663.51"	"VASA PREVIA COMP L&D DELIVERED"	"VASA PREVIA COMPLICATING L&D DELIVERED"
"663.53"	"VASA PREVIA COMP L&D ANTPRTM"	"VASA PREVIA COMPLICATING L&D ANTEPARTUM"
"663.6"	"VASCULAR LESIONS CORD COMP L&D"	"VASCULAR LESIONS OF CORD COMPLICATING L&D"
"663.60"	"VASC LES CRD COMP L&D UNS EPIS CARE"	"VASCULAR LES CORD COMP L&D UNSPEC AS EPIS CARE"
"663.61"	"VASCULAR LES CORD COMP L&D DELIV"	"VASCULAR LESIONS CORD COMPLICATING L&D DELIVERED"
"663.63"	"VASCULAR LES CORD COMP L&D ANTPRTM"	"VASCULAR LESIONS CORD COMPLICATING L&D ANTPRTM"
"663.8"	"OTH UMBILICAL CORD COMPS DURING L&D"	"OTHER UMBILICAL CORD COMPLICATIONS DURING L&D"
"663.80"	"OTH UMB CRD COMPS DUR L&D UNS EOC"	"OTH UMB CORD COMPS DUR L&D UNSPEC AS EPIS CARE"
"663.81"	"OTH UMB CORD COMPS DURING L&D DELIV"	"OTH UMBILICAL CORD COMPS DURING L&D DELIVERED"
"663.83"	"OTH UMB CORD COMPS DUR L&D ANTPRTM"	"OTH UMBILICAL CORD COMPS DURING L&D ANTPRTM"
"663.9"	"UNSPEC UMB CORD COMP DURING L&D"	"UNSPEC UMBILICAL CORD COMPLICATION DURING L&D"
"663.90"	"UNS UMB CRD COMP DUR L&D UNS EOC"	"UNSPEC UMB CORD COMP DUR L&D UNSPEC AS EPIS CARE"
"663.91"	"UNSPEC UMB CORD COMP DUR L&D DELIV"	"UNSPEC UMBILICAL CORD COMP DURING L&D DELIVERED"
"663.93"	"UNS UMB CORD COMP DUR L&D ANTPRTM"	"UNSPEC UMBILICAL CORD COMP DURING L&D ANTPRTM"
"664"	"TRAUMA PERINEUM&VULVA DURING DELIV"	"TRAUMA TO PERINEUM AND VULVA DURING DELIVERY"
"664.0"	"1-DEG PERINL LACERATION DUR DELIV"	"FIRST-DEGREE PERINEAL LACERATION DURING DELIVERY"
"664.00"	"1-DEG PERINL LAC UNS EPIS CARE PG"	"1-DEG PERINL LACERATION UNSPEC AS EPIS CARE PG"
"664.01"	"1-DEG PERINEAL LACERATION W/DELIV"	"FIRST-DEGREE PERINEAL LACERATION WITH DELIVERY"
"664.04"	"1-DEG PERINL LACERATION POSTPARTUM"	"FIRST-DEGREE PERINEAL LACERATION POSTPARTUM"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"664.1"	"2-DEG PERINL LACERATION DUR DELIV"	"2-DEGREE PERINEAL LACERATION DURING DELIVERY"
"664.10"	"2-DEG PERINL LAC UNS EPIS CARE PG"	"2-DEG PERINL LACERATION UNSPEC AS EPIS CARE PG"
"664.11"	"2-DEG PERINEAL LACERATION W/DELIV"	"SECOND-DEGREE PERINEAL LACERATION WITH DELIVERY"
"664.14"	"2-DEG PERINL LACERATION POSTPARTUM"	"SECOND-DEGREE PERINEAL LACERATION POSTPARTUM"
"664.2"	"THIRD-DEG PERINL LAC DUR DELIV"	"THIRD-DEGREE PERINEAL LACERATION DURING DELIVERY"
"664.20"	"THIRD-DEG PERINL LAC UNS EOC PG"	"THIRD-DEG PERINL LAC UNSPEC AS EPIS CARE PG"
"664.21"	"THIRD-DEG PERINL LACERATION W/DELIV"	"THIRD-DEGREE PERINEAL LACERATION WITH DELIVERY"
"664.24"	"THIRD-DEG PERINL LACERATION PP"	"THIRD-DEGREE PERINEAL LACERATION POSTPARTUM"
"664.3"	"FOURTH-DEG PERINL LAC DUR DELIV"	"FOURTH-DEG PERINEAL LACERATION DURING DELIVERY"
"664.30"	"FOURTH-DEG PERINL LAC UNS EOC PG"	"FOURTH-DEG PERINL LAC UNSPEC AS EPIS CARE PG"
"664.31"	"FOURTH-DEG PERINL LACERATION DELIV"	"FOURTH-DEGREE PERINEAL LACERATION WITH DELIVERY"
"664.34"	"FOURTH-DEG PERINL LACERATION PP"	"FOURTH-DEGREE PERINEAL LACERATION POSTPARTUM"
"664.4"	"UNSPEC PERINL LACERATION DUR DELIV"	"UNSPECIFIED PERINEAL LACERATION DURING DELIVERY"
"664.40"	"UNS PERINL LAC UNS AS EPIS CARE PG"	"UNSPEC PERINL LACERATION UNSPEC AS EPIS CARE PG"
"664.41"	"UNSPEC PERINEAL LACERATION W/DELIV"	"UNSPECIFIED PERINEAL LACERATION WITH DELIVERY"
"664.44"	"UNSPEC PERINL LACERATION POSTPARTUM"	"UNSPECIFIED PERINEAL LACERATION POSTPARTUM"
"664.5"	"VULVAR&PERINEAL HEMAT DURING DELIV"	"VULVAR AND PERINEAL HEMATOMA DURING DELIVERY"
"664.50"	"VULVAR&PERINL HEMAT UNS EOC PG"	"VULVAR&PERINL HEMAT UNSPEC AS EPIS CARE PG"
"664.51"	"VULVAR&PERINEAL HEMATOMA W/DELIVERY"	"VULVAR AND PERINEAL HEMATOMA WITH DELIVERY"
"664.54"	"VULVAR&PERINEAL HEMATOMA POSTPARTUM"	"VULVAR AND PERINEAL HEMATOMA POSTPARTUM"
"664.8"	"OTH TRAUMA PERIN&VULVA DUR DELIV"	"OTHER SPEC TRAUMA PERINEUM&VULVA DURING DELIVERY"
"664.80"	"OTH TRAUMA PERIN&VULVA UNS EOC PG"	"OTH SPEC TRAUMA PERIN&VULVA UNS AS EPIS CARE PG"
"664.81"	"OTH SPEC TRAUMA PERIN&VULVA W/DELIV"	"OTHER SPECIFIED TRAUMA PERINEUM&VULVA W/DELIVERY"
"664.84"	"OTH SPEC TRAUMA PERIN&VULVA PP"	"OTHER SPECIFIED TRAUMA PERINEUM&VULVA POSTPARTUM"
"664.9"	"UNSPEC TRAUMA PERIN&VULVA DUR DELIV"	"UNSPEC TRAUMA PERINEUM&VULVA DURING DELIVERY"
"664.90"	"UNS TRAUMA PERIN&VULVA UNS EOC PG"	"UNSPEC TRAUMA PERIN&VULVA UNSPEC AS EPIS CARE PG"
"664.91"	"UNSPEC TRAUMA PERIN&VULVA W/DELIV"	"UNSPECIFIED TRAUMA TO PERINEUM&VULVA W/DELIVERY"
"664.94"	"UNSPEC TRAUMA PERIN&VULVA PP"	"UNSPECIFIED TRAUMA TO PERINEUM&VULVA POSTPARTUM"
"665"	"OTHER OBSTETRICAL TRAUMA"	"OTHER OBSTETRICAL TRAUMA"
"665.0"	"RUPTURE UTERUS BEFORE ONSET LABOR"	"RUPTURE OF UTERUS BEFORE ONSET OF LABOR"
"665.00"	"RUP UTRUS BEFORE ONSET LABR UNS EOC"	"RUP UTERUS BEFORE ONSET LABR UNSPEC AS EPIS CARE"
"665.01"	"RUP UTERUS BEFORE ONSET LABR DELIV"	"RUPTURE UTERUS BEFORE ONSET LABOR W/DELIVERY"
"665.03"	"RUP UTRUS BEFORE ONSET LABR ANTPRTM"	"RUPTURE UTERUS BEFORE ONSET LABOR ANTEPARTUM"
"665.1"	"RUPTURE UTERUS DURING&AFTER LABOR"	"RUPTURE OF UTERUS DURING AND AFTER LABOR"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"665.10"	"RUP UTERUS DUR LABR UNSPEC AS EPIS"	"RUPTURE UTERUS DURING LABOR UNSPEC AS EPISODE"
"665.11"	"RUPTURE UTERUS DURING LABOR W/DELIV"	"RUPTURE OF UTERUS DURING LABOR WITH DELIVERY"
"665.2"	"OBSTETRICAL INVERSION OF UTERUS"	"OBSTETRICAL INVERSION OF UTERUS"
"665.20"	"INVERSION UTRUS UNS AS EPIS CARE PG"	"INVERSION UTERUS UNSPEC AS EPIS CARE PREGNANCY"
"665.22"	"INVERSION UTERUS DELIVERED W/PPC"	"INVERSION UTERUS DELIVERED W/PPC"
"665.24"	"INVERSION OF UTERUS"	POSTPARTUM"
"665.3"	"OBSTETRICAL LACERATION OF CERVIX"	"OBSTETRICAL LACERATION OF CERVIX"
"665.30"	"LAC CERV UNSPEC AS EPIS CARE PG"	"LACERATION CERV UNSPEC AS EPISODE CARE PREGNANCY"
"665.31"	"LACERATION OF CERVIX"	WITH DELIVERY"
"665.34"	"LACERATION OF CERVIX"	POSTPARTUM"
"665.4"	"HIGH VAG LACERATION DUR&AFTER LABOR"	"HIGH VAGINAL LACERATION DURING AND AFTER LABOR"
"665.40"	"HI VAG LAC UNSPEC AS EPIS CARE PG"	"HIGH VAGINAL LACERATION UNSPEC AS EPIS CARE PG"
"665.41"	"HIGH VAGINAL LACERATION W/DELIVERY"	"HIGH VAGINAL LACERATION WITH DELIVERY"
"665.44"	"HIGH VAGINAL LACERATION"	POSTPARTUM"
"665.5"	"OTH OB INJURY PELVIC ORGANS"	"OTHER OBSTETRICAL INJURY TO PELVIC ORGANS"
"665.50"	"OTH INJR PELV ORGN UNS EPIS CARE PG"	"OTH INJURY PELV ORGN UNSPEC AS EPIS CARE PG"
"665.51"	"OTH INJURY PELVIC ORGANS W/DELIVERY"	"OTHER INJURY TO PELVIC ORGANS WITH DELIVERY"
"665.54"	"OTH INJURY PELVIC ORGANS POSTPARTUM"	"OTHER INJURY TO PELVIC ORGANS POSTPARTUM"
"665.6"	"OBSTETRICAL DAMGE PELVIC JNT&LIG"	"OBSTETRICAL DAMAGE TO PELVIC JOINTS&LIGAMENTS"
"665.60"	"DAMGE PELV JNT&LIG UNS EPIS CARE PG"	"DAMGE PELV JNT&LIG UNSPEC AS EPIS CARE PREGNANCY"
"665.61"	"DAMGE PELVIC JNT&LIGAMENTS W/DELIV"	"DAMAGE TO PELVIC JOINTS AND LIGAMENTS W/DELIVERY"
"665.64"	"DAMGE PELVIC JNT&LIG POSTPARTUM"	"DAMAGE TO PELVIC JOINTS AND LIGAMENTS POSTPARTUM"
"665.7"	"OBSTETRICAL PELVIC HEMATOMA"	"OBSTETRICAL PELVIC HEMATOMA"
"665.70"	"PELVIC HEMATOMA UNSPEC AS EPIS CARE"	"PELVIC HEMATOMA UNSPECIFIED AS TO EPISODE CARE"
"665.71"	"PELVIC HEMATOMA"	WITH DELIVERY"
"665.72"	"PELVIC HEMATOMA DELIVERED W/PPC"	"PELVIC HEMATOMA DELIVERED W/PPC"
"665.74"	"PELVIC HEMATOMA"	POSTPARTUM"
"665.8"	"OTHER SPECIFIED OBSTETRICAL TRAUMA"	"OTHER SPECIFIED OBSTETRICAL TRAUMA"
"665.80"	"OTH SPEC OB TRAUMA UNS AS EPIS CARE"	"OTH SPEC OBSTETRICAL TRAUMA UNSPEC AS EPIS CARE"
"665.81"	"OTH SPEC OBSTETRICAL TRAUMA W/DELIV"	"OTHER SPECIFIED OBSTETRICAL TRAUMA WITH DELIVERY"
"665.82"	"OTH SPEC OB TRAUMA DELIV W/PP"	"OTH SPEC OBSTETRICAL TRAUMA DELIV W/POSTPARTUM"
"665.83"	"OTH SPEC OBSTETRICAL TRAUMA ANTPRTM"	"OTHER SPECIFIED OBSTETRICAL TRAUMA ANTEPARTUM"
"665.84"	"OTH SPEC OB TRAUMA POSTPARTUM"	"OTHER SPECIFIED OBSTETRICAL TRAUMA POSTPARTUM"
"665.9"	"UNSPECIFIED OBSTETRICAL TRAUMA"	"UNSPECIFIED OBSTETRICAL TRAUMA"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"665.90"	"UNS OB TRAUMA UNS AS EPIS CARE"	"UNSPEC OBSTETRICAL TRAUMA UNSPEC AS EPISODE CARE"
"665.91"	"UNSPEC OBSTETRICAL TRAUMA W/DELIV"	"UNSPECIFIED OBSTETRICAL TRAUMA WITH DELIVERY"
"665.92"	"UNSPEC OB TRAUMA DELIV W/PPC"	"UNSPECIFIED OBSTETRICAL TRAUMA DELIVERED W/PPC"
"665.93"	"UNSPEC OBSTETRICAL TRAUMA ANTPRTM"	"UNSPECIFIED OBSTETRICAL TRAUMA ANTEPARTUM"
"665.94"	"UNSPEC OB TRAUMA POSTPARTUM"	"UNSPECIFIED OBSTETRICAL TRAUMA POSTPARTUM"
"666"	"POSTPARTUM HEMORRHAGE"	"POSTPARTUM HEMORRHAGE"
"666.0"	"THIRD-STAGE POSTPARTUM HEMORRHAGE"	"THIRD-STAGE POSTPARTUM HEMORRHAGE"
"666.00"	"THIRD-STAGE PP HEMORR UNS EPIS CARE"	"THIRD-STAGE PP HEMORR UNSPEC AS EPIS CARE"
"666.02"	"THIRD-STAGE PP HEMORR W/DELIV"	"THIRD-STAGE POSTPARTUM HEMORRHAGE WITH DELIVERY"
"666.04"	"THIRD-STAGE PP HEMORR PP"	"THIRD-STAGE POSTPARTUM HEMORRHAGE POSTPARTUM"
"666.1"	"OTH IMMEDIATE POSTPARTUM HEMORRHAGE"	"OTHER IMMEDIATE POSTPARTUM HEMORRHAGE"
"666.10"	"OTH IMMED PP HEMORR UNS EPIS CARE"	"OTH IMMEDIATE PP HEMORR UNSPEC AS EPIS CARE"
"666.12"	"OTH IMMEDIATE PP HEMORR W/DELIV"	"OTHER IMMEDIATE POSTPARTUM HEMORRHAGE W/DELIVERY"
"666.14"	"OTH IMMEDIATE PP HEMORR PP"	"OTHER IMMEDIATE POSTPARTUM HEMORRHAGE POSTPARTUM"
"666.2"	"DELAYED&SEC POSTPARTUM HEMORRHAGE"	"DELAYED AND SECONDARY POSTPARTUM HEMORRHAGE"
"666.20"	"DELAY&SEC PP HEMORR UNS EPIS CARE"	"DELAY&SEC POSTPARTUM HEMORR UNSPEC AS EPIS CARE"
"666.22"	"DELAY&SEC POSTPARTUM HEMORR W/DELIV"	"DELAYED AND SEC POSTPARTUM HEMORRHAGE W/DELIVERY"
"666.24"	"DELAY&SEC PP HEMORR PP"	"DELAYED AND SEC POSTPARTUM HEMORRHAGE POSTPARTUM"
"666.3"	"POSTPARTUM COAGULATION DEFECTS"	"POSTPARTUM COAGULATION DEFECTS"
"666.30"	"PP COAGULAT DEFEC UNS AS EPIS CARE"	"POSTPARTUM COAGULAT DEFEC UNSPEC AS EPISODE CARE"
"666.32"	"POSTPARTUM COAGULAT DEFEC W/DELIV"	"POSTPARTUM COAGULATION DEFECTS WITH DELIVERY"
"666.34"	"PP COAGULAT DEFEC PP"	"POSTPARTUM COAGULATION DEFECTS POSTPARTUM"
"667"	"RETAIN PLACENTA/MEMB WITHOUT HEMORR"	"RETAINED PLACENTA/MEMBRANES WITHOUT HEMORRHAGE"
"667.0"	"RETAINED PLACENTA WITHOUT HEMORR"	"RETAINED PLACENTA WITHOUT HEMORRHAGE"
"667.00"	"RETN PLACNTA W/O HEMOR UNS EOC"	"RETAIN PLACENTA W/O HEMORR UNSPEC AS EPIS CARE"
"667.02"	"RETN PLACNTA W/O HEMOR DELIV W/ PPC"	"RETN PLACNTA W/O HEMORR DEL W/MENTION PP COMPL"
"667.04"	"RETN PLACNTA W/O HEMOR PP COND/COMP"	"RETAINED PLACENTA WITHOUT HEMORR PP COND/COMP"
"667.1"	"RETN PRTNS PLACNTA/MEMB W/O HEMORR"	"RETAINED PRTNS PLACENTA/MEMBRANES WITHOUT HEMORR"
"667.10"	"RETN PLACNTA/MEMB NO HEM UNS EOC"	"RETN PORTIONS PLACNTA/MEMB W/O HEMORR UNS EOC"
"667.12"	"RETN PLCNTA/MEMB NO HEM DEL W/COMPL"	"RETN PORTIONS PLCNTA/MEMB W/O HEMORR DEL W/COMPL"
"667.14"	"RETN PLACNTA/MEMB NO HEM PP COMPL"	"RETN PORTIONS PLACNTA/MEMB W/O HEMOR PP COMPL"
"668"	"COMPS ADMN ANESTHETIC/OTH SEDAT L&D"	"COMPLICATIONS ADMIN ANESTHETIC/OTH SEDATION L&D"
"668.0"	"PULM COMPL ADMIN ANES/OTH SEDAT L&D"	"PULM COMPL ADMIN ANESESSTHESIA/OTH SEDATION L&D"
"668.00"	"PULM COMPL ADMN ANES L&D UNS EOC"	"PULM COMPL ADMN ANES/OTH SEDATION L&D UNS EOC"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"668.01"	"PULM COMPL ADMIN ANES/SEDAT L&D DEL"	"PULM COMPL ADMIN ANES/OTH SEDATION L&D DEL"
"668.02"	"PULM COMPL ADMIN ANES DEL W/PPC"	"PULM COMPL ADMIN ANES/OTH SEDAT DEL W/PP COMPL"
"668.03"	"PULM COMPL ADMN ANES L&D ANTPRTM"	"PULM COMPL ADMN ANES/OTH SEDATION L&D ANTPRTM"
"668.04"	"PULM COMPL ADMIN ANES L&D PP"	"PULM COMPL ADMIN ANES/OTH SEDATION L&D PP"
"668.1"	"CARD COMPL ADMIN ANES/OTH SEDAT L&D"	"CARD COMPL ADMIN ANESTHESIA/OTH SEDATION L&D"
"668.10"	"CARD COMPL ADMN ANES L&D UNS EOC"	"CARD COMPL ADMN ANES/OTH SEDAT L&D UNS EOC"
"668.11"	"CARD COMPL ADMIN ANES L&D DEL"	"CARD COMPL ADMIN ANES/OTH SEDATION L&D DEL"
"668.12"	"CARD COMPL ADMIN ANES L&D-DEL W/PPC"	"CARD COMPL ADMIN ANES/SEDAT L&D-DEL W/PP COMPL"
"668.13"	"CARD COMPL ADMN ANES L&D ANTPARTUM"	"CARD COMPL ADMN ANES/OTH SEDAT L&D ANTPARTUM"
"668.14"	"CARD COMPL ADMIN ANES/SEDAT L&D PP"	"CARD COMPL ADMIN ANES/OTH SEDATION L&D PP"
"668.2"	"CNA COMPL ADMIN ANES/SEDAT L&D"	"CNA COMPL ADMIN ANESTHESIA/OTH SEDATION L&D"
"668.20"	"CNA COMPL ADMN ANES L&D DEL UNS EOC"	"CNA COMPL ADMN ANES/OTH SEDAT L&D DEL UNS EOC"
"668.21"	"CNA COMPL ADMIN ANES/SEDAT L&D DEL"	"CNA COMPL ADMIN ANES/OTH SEDATION L&D DEL"
"668.22"	"CNA COMPL ADMIN ANES L&D DEL W/PPC"	"CNA COMPL ADMIN ANES/SEDAT L&D DEL W/PP COMPL"
"668.23"	"CNA COMPL ADMIN ANES L&D ANTEPARTUM"	"CNA COMPL ADMIN ANES/OTH SEDAT L&D ANTEPARTUM"
"668.24"	"CNA COMPL ADMIN ANES/SEDAT L&D PP"	"CNA COMPL ADMIN ANES/OTH SEDAT L&D PP"
"668.8"	"OTH COMPL ADMIN ANES/OTH SEDAT L&D"	"OTH COMPL ADMIN ANESTHESIA/OTH SEDATION L&D"
"668.80"	"OTH COMPL ADMN ANES L&D UNS EOC"	"OTH COMPL ADMN ANES/OTH SEDAT L&D UNS EOC"
"668.81"	"OTH COMPL ADMIN ANES/SEDAT L&D DEL"	"OTH COMPL ADMIN ANES/OTH SEDATION L&D DEL"
"668.82"	"OTH COMPL ADMN ANES/SEDAT-DEL W/PPC"	"OTH COMPL ADMN ANES/OTH SEDAT DEL W/PP COMPL"
"668.83"	"OTH COMPL ADMIN ANES L&D ANTEPARTUM"	"OTH COMPL ADMIN ANES/OTH SEDAT L&D ANTEPARTUM"
"668.84"	"OTH COMPL ADMIN ANES/SEDAT L&D PP"	"OTH COMPL ADMIN ANES/OTH SEDATION L&D PP"
"668.9"	"UNS COMPL ADMIN ANES/OTH SEDAT L&D"	"UNS COMPL ADMIN ANESTHESIA/OTH SEDATION L&D"
"668.90"	"UNS COMPL ADMIN ANES L&D UNS EOC"	"UNS COMPL ADMIN ANES/OTH SEDATION L&D UNS EOC"
"668.91"	"UNS COMPL ADMIN ANES/SEDAT L&D DEL"	"UNS COMPL ADMIN ANES/OTH SEDATION L&D DEL"
"668.92"	"UNS COMPL ADMN ANES/SEDAT DEL W/PPC"	"UNS COMP ADMN ANESTHESIA/OTH SEDAT L&D DEL W/PPC"
"668.93"	"UNS COMPL ADMIN ANES L&D ANTEPARTUM"	"UNS COMPL ADMIN ANES/OTH SEDAT L&D ANTEPARTUM"
"668.94"	"UNS COMPL ADMIN ANES/SEDAT L&D PP"	"UNS COMPL ADMIN ANES/OTH SEDATION L&D PP"
"669"	"OTHER COMPLICATIONS OF L&D NEC"	"OTHER COMPLICATIONS OF L&D NEC"
"669.0"	"MATERNAL DISTRESS"	"MATERNAL DISTRESS"
"669.00"	"MTRN DISTRESS COMP L&D UNS EOC"	"MATERNAL DISTRESS COMP L&D UNSPEC AS EPIS CARE"
"669.01"	"MTRN DISTRSS DEL W/WO ANTPRTM COND"	"MTRN DISTRESS W/DELIV W/WO MENTION ANTPRTM COND"
"669.02"	"MTRN DISTRESS W/DELIV W/MENTION PPC"	"MATERNAL DISTRESS W/DELIVERY W/MENTION PPC"
"669.03"	"MTRN DISTRESS COMP L&D ANTPRTM COMP"	"MATERNAL DISTRESS COMP L&D ANTPRTM COND/COMP"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"669.04"	"MTRN DISTRESS COMP L&D PP COND/COMP"	"MATERNAL DISTRESS COMP L&D POSTPARTUM COND/COMP"
"669.1"	"SHOCK DURING OR FOLLOWING L&D"	"SHOCK DURING OR FOLLOWING LABOR AND DELIVERY"
"669.10"	"SHOCK DUR/FOLLOW L&D UNS EPIS CARE"	"SHOCK DURING/FOLLOWING L&D UNSPEC AS EPIS CARE"
"669.11"	"SHOCK DURING/FOLLOW L&D W/DELIVERY"	"SHOCK DURING/FOLLOW L&D W/DEL W/W/O ANTPRTM COND"
"669.12"	"SHOCK DUR/FLW L&D DELIV W/ PPC"	"SHOCK DURING/FOLLOWING L&D W/DELIV W/MENTION PPC"
"669.13"	"SHOCK DUR/FOLLOW L&D ANTPRTM SHOCK"	"SHOCK DURING OR FOLLOWING L&D ANTEPARTUM SHOCK"
"669.14"	"SHOCK DURING/FOLLOW L&D PP SHOCK"	"SHOCK DURING OR FOLLOWING L&D POSTPARTUM SHOCK"
"669.2"	"MATERNAL HYPOTENSION SYNDROME"	"MATERNAL HYPOTENSION SYNDROME"
"669.20"	"MTRN HYPOTENS SYND COMP L&D UNS EOC"	"MTRN HYPOTENS SYND COMP L&D UNSPEC AS EPIS CARE"
"669.21"	"MATERNL HYPOTENSION SYNDROME W/DEL"	"MAT HYPOTENSION SYND W/DEL W/W/O ANTPRTM COND"
"669.22"	"MTRN HYPOTENS SYND DELIV W/ PPC"	"MATERNAL HYPOTENS SYNDROME W/DELIV W/MENTION PPC"
"669.23"	"MATERNAL HYPOTENS SYNDROME ANTPRTM"	"MATERNAL HYPOTENSION SYNDROME ANTEPARTUM"
"669.24"	"MTRN HYPOTENS SYNDROME POSTPARTUM"	"MATERNAL HYPOTENSION SYNDROME POSTPARTUM"
"669.3"	"ACUTE RENAL FAILURE FOLLOWING L&D"	"ACUTE RENAL FAILURE FOLLOWING LABOR AND DELIVERY"
"669.30"	"ACUT RENL FAIL FLW L&D UNS EOC"	"ACUTE RENAL FAIL FOLLOW L&D UNSPEC AS EPIS CARE"
"669.32"	"ACUT RENAL FAIL DELIV W/MENTION PPC"	"ACUTE RENAL FAILURE W/DELIVERY W/MENTION PPC"
"669.34"	"ACUT RENL FAIL FLW L&D PP COND/COMP"	"ACUTE RENAL FAIL FOLLOW L&D POSTPARTUM COND/COMP"
"669.4"	"OTH COMPS OBSTETRICAL SURGERY&PROC"	"OTHER COMPLICATIONS OBSTETRICAL SURGERY&PROC"
"669.40"	"OTH COMPS OB SURG&PROC UNS EOC"	"OTH COMPS OB SURGERY&PROC UNSPEC AS EPIS CARE"
"669.41"	"OTH COMPL OB SURG&PROC W/DELIVERY"	"OTH COMPL OB SURG&PROC DELIV W/WO ANTPRTM COND"
"669.42"	"OTH COMPS OB SURG&PROC DELIV W/ PPC"	"OTH COMPL OB SURG&PROC W/DEL W/MENTION PP COMPL"
"669.43"	"OTH COMPS OB SURG&PROC ANTPRTM COMP"	"OTH COMPS OB SURGERY&PROC ANTPRTM COND/COMP"
"669.44"	"OTH COMPS OB SURG&PROC PP COND/COMP"	"OTH COMPS OB SURGERY&PROC POSTPARTUM COND/COMP"
"669.5"	"FORCEPS/VAC EXT DELIV W/O INDICAT"	"FORCEPS/VAC EXT DELIV WITHOUT MENTION INDICATION"
"669.50"	"FORCP/VAC EXT DEL NO INDICAT UNS EOC"	"FORCEPS/VAC EXT DELIV W/O INDICAT UNS EPIS CARE"
"669.51"	"FORCEPS/VAC EXT DEL NO INDICAT DEL "	"FORCEPS/EXTRACTOR DEL W/O INDICATION-DELIVERED"
"669.6"	"BREECH EXTRAC W/O MENTION INDICAT"	"BREECH EXTRACTION WITHOUT MENTION OF INDICATION"
"669.60"	"BREECH XTRAC W/O INDICAT UNS EOC"	"BREECH XTRAC W/O MENTION INDICAT UNS EPIS CARE"
"669.61"	"BREECH XTRAC W/O MEN INDICAT DEL "	"BREECH XTRAC W/O INDICAT DELIV W/WO ANTPRTM COND"
"669.7"	"C-SECT DELIV W/O MENTION INDICAT"	"CESAREAN DELIVERY WITHOUT MENTION OF INDICATION"
"669.70"	"C/S DELIV W/O INDICAT UNS EPIS CARE"	"C/S DELIV W/O MENTION INDICAT UNS AS EPIS CARE"
"669.71"	"C/S DEL W/O MEN INDICAT DELIVERED"	"C/S DELIV W/O INDICAT DELIV W/WO ANTPRTM COND"
"669.8"	"OTHER COMPLICATIONS OF L&D"	"OTHER COMPLICATIONS OF LABOR AND DELIVERY"
"669.80"	"OTH COMP L&D UNSPEC AS EPISODE CARE"	"OTHER COMPLICATION L&D UNSPEC AS EPISODE CARE"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"669.81"	"OTH COMP L&D DEL W/VO ANTPRTM COND"	"OTH COMP L&D DELIVERED W/VO MENTION ANTPRTM COND"
"669.82"	"OTH COMP L&D DELIV W/MENTION PPC"	"OTHER COMPLICATION L&D DELIVERED W/MENTION PPC"
"669.83"	"OTH COMP L&D ANTPRTM COND/COMP"	"OTH COMPLICATION L&D ANTPRTM COND/COMPLICATION"
"669.84"	"OTH COMP L&D POSTPARTUM COND/COMP"	"OTH COMP L&D POSTPARTUM COND/COMP"
"669.9"	"UNSPECIFIED COMPLICATION OF L&D"	"UNSPECIFIED COMPLICATION OF LABOR AND DELIVERY"
"669.90"	"UNSPEC COMP L&D UNSPEC AS EPIS CARE"	"UNSPEC COMPLICATION L&D UNSPEC AS EPISODE CARE"
"669.91"	"UNS COMP L&D DEL W/VO ANTPRTM COND"	"UNSPEC COMP L&D DELIV W/VO MENTION ANTPRTM COND"
"669.92"	"UNSPEC COMP L&D DELIV W/MENTION PPC"	"UNSPEC COMPLICATION L&D W/DELIVERY W/MENTION PPC"
"669.93"	"UNSPEC COMP L&D ANTPRTM COND/COMP"	"UNSPEC COMP L&D ANTPRTM COND/COMP"
"669.94"	"UNSPEC COMP L&D PP COND/COMP"	"UNSPEC COMP L&D POSTPARTUM COND/COMP"
"67"	"OPERATIONS ON CERVIX"	"OPERATIONS ON CERVIX"
"67.0"	"DILATION OF CERVICAL CANAL"	"DILATION OF CERVICAL CANAL"
"67.1"	"DIAGNOSTIC PROCEDURES ON CERVIX"	"DIAGNOSTIC PROCEDURES ON CERVIX"
"67.11"	"ENDOCERVICAL BIOPSY"	"ENDOCERVICAL BIOPSY"
"67.12"	"OTHER CERVICAL BIOPSY"	"OTHER CERVICAL BIOPSY"
"67.19"	"OTHER DIAGNOSTIC PROCEDURES CERVIX"	"OTHER DIAGNOSTIC PROCEDURES ON CERVIX"
"67.2"	"CONIZATION OF CERVIX"	"CONIZATION OF CERVIX"
"67.3"	"OTH EXC/DESTRUC LESION/TISSUE CERV"	"OTHER EXCISION/DESTRUCTION LESION/TISSUE CERVIX"
"67.31"	"MARSUPIALIZATION OF CERVICAL CYST"	"MARSUPIALIZATION OF CERVICAL CYST"
"67.32"	"DESTRUCTION LESION CERVIX CAUT"	"DESTRUCTION OF LESION OF CERVIX BY CAUTERIZATION"
"67.33"	"DESTRUCTION LESION CERV CRYOSURGERY"	"DESTRUCTION OF LESION OF CERVIX BY CRYOSURGERY"
"67.39"	"OTH EXC/DESTRUC LESION/TISSUE CERV"	"OTHER EXCISION/DESTRUCTION LESION/TISSUE CERVIX"
"67.4"	"AMPUTATION OF CERVIX"	"AMPUTATION OF CERVIX"
"67.5"	"REPAIR OF INTERNAL CERVICAL OS"	"REPAIR OF INTERNAL CERVICAL OS"
"67.51"	"TRANSABDOMINAL CERCLAGE OF CERVIX"	"TRANSABDOMINAL CERCLAGE OF CERVIX"
"67.59"	"OTHER REPAIR OF CERVICAL OS"	"OTHER REPAIR OF CERVICAL OS"
"67.6"	"OTHER REPAIR OF CERVIX"	"OTHER REPAIR OF CERVIX"
"67.61"	"SUTURE OF LACERATION OF CERVIX"	"SUTURE OF LACERATION OF CERVIX"
"67.62"	"REPAIR OF FISTULA OF CERVIX"	"REPAIR OF FISTULA OF CERVIX"
"67.69"	"OTHER REPAIR OF CERVIX"	"OTHER REPAIR OF CERVIX"
"670"	"MAJOR PUERPERAL INFECTION"	"MAJOR PUERPERAL INFECTION"
"670.0"	"MAJOR PUERPERAL INFECTION"	"MAJOR PUERPERAL INFECTION"
"670.00"	"MAJ PUERPERAL INF UNS AS EPIS CARE"	"MAJOR PUERPERAL INFECTION UNSPEC AS EPISODE CARE"
"670.02"	"MAJ PUERPERAL INF DELIV W/ PPC"	"MAJOR PUERPERAL INFECTION DELIV W/MENTION PPC"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"670.04"	"MAJOR PUERPERAL INF POSTPARTUM"	"MAJOR PUERPERAL INFECTION POSTPARTUM"
"671"	"VENOUS COMPS PG&THE PUERPERIUM"	"VENOUS COMPLICATIONS IN PREGNANCY&THE PUERPERIUM"
"671.0"	"VARICOSE VNS LEGS PG&THE PUERPERIUM"	"VARICOSE VEINS OF LEGS PREGNANCY&THE PUERPERIUM"
"671.00"	"VARICOS VNS LEGS COMP PG&PP UNS EOC"	"VARICOSE VNS LEGS COMP PG&THE PUERPERIUM UNS EOC"
"671.01"	"VARICOSE VEINS LEGS W/DELIVERY"	"VARICOSE VNS LEGS DELIV W/WO ANTPRTM COND"
"671.02"	"VARICOSE VNS LEGS DELIV W/ PPC"	"VARICOSE VEINS LEGS W/DELIVERY W/MENTION PPC"
"671.03"	"VARICOSE VEINS OF LEGS	ANTEPARTUM"
"671.04"	"VARICOSE VEINS OF LEGS	POSTPARTUM"
"671.1"	"VARICOS VNS VULVA&PERIN PG&PP"	"VARICOSE VEINS VULVA&PERIN PG&THE PUERPERIUM"
"671.10"	"VRICOS VNS VULV COMPL PG&PP UNS EOC"	"VARICOS VNS VULVA&PERIN COMP PG&PP UNS EOC"
"671.11"	"VARICOSE VEINS VULVA&PERINEUM W/DEL"	"VARICOSE VNS VULVA&PERIN DELIV W/WO ANTPRTM COND"
"671.12"	"VARICOS VNS VULVA&PERIN DELIV W/PPC"	"VARICOSE VEINS VULVA&PERIN W/DELIV W/MENTION PPC"
"671.13"	"VARICOSE VEINS VULVA&PERIN ANTPRTM"	"VARICOSE VEINS OF VULVA AND PERINEUM ANTEPARTUM"
"671.14"	"VARICOSE VEINS VULVA&PERIN PP"	"VARICOSE VEINS OF VULVA AND PERINEUM POSTPARTUM"
"671.2"	"SUP THROMBOPHLEB PG&THE PUERPERIUM"	"SUPERFICIAL THROMBOPHLEBITIS PG&THE PUERPERIUM"
"671.20"	"SUP THROMBOPHLEB COMP PG&PP UNS EOC"	"SUP THROMBOPHLEB COMP PG&THE PUERPERIUM UNS EOC"
"671.21"	"SUPERFICIAL THROMBOPHLEBITIS W/DEL"	"SUP THROMBOPHLEB DELIV W/WO MENTION ANTPRTM COND"
"671.22"	"SUP THROMBOPHLEB DELIV W/ PPC"	"SUP THROMBOPHLEBITIS W/DELIV W/MENTION PPC"
"671.23"	"SUP THROMBOPHLEBITIS ANTPRTM"	"SUPERFICIAL THROMBOPHLEBITIS ANTEPARTUM"
"671.24"	"SUPERFICIAL THROMBOPHLEBITIS PP"	"SUPERFICIAL THROMBOPHLEBITIS POSTPARTUM"
"671.3"	"DEEP PHLEBOTHROMBOSIS ANTEPARTUM"	"DEEP PHLEBOTHROMBOSIS ANTEPARTUM"
"671.30"	"DP PHLEBOTHROMB ANTPRTM UNS EOC"	"DEEP PHLEBOTHROMB ANTPRTM UNSPEC AS EPIS CARE"
"671.31"	"DEEP PHLEBOTHROMB ANTPRTM W/DELIV"	"DEEP PHLEBOTHROMBOSIS ANTEPARTUM WITH DELIVERY"
"671.33"	"DP PHLEBOTHROMBOS ANTPRTM-COND/COMP"	"DEEP PHLEBOTHROMBOSIS ANTPRTM-ANTPRTM COND/COMP"
"671.4"	"DEEP PHLEBOTHROMBOSIS POSTPARTUM"	"DEEP PHLEBOTHROMBOSIS POSTPARTUM"
"671.40"	"DP PHLEBOTHROMB PP UNS AS EPIS CARE"	"DEEP PHLEBOTHROMBOSIS PP UNSPEC AS EPIS CARE"
"671.42"	"DEEP PHLEBOTHROMBOSIS PP W/DELIV"	"DEEP PHLEBOTHROMBOSIS POSTPARTUM WITH DELIVERY"
"671.44"	"DP PHLEBOTHROMBOSIS PP-PP COND/COMP"	"DEEP PHLEBOTHROMBOSIS POSTPARTUM-PP COND/COMP"
"671.5"	"OTH PHLEBITIS&THROMB PG&PP"	"OTH PHLEBITIS&THROMBOSIS PG&THE PUERPERIUM"
"671.50"	"OTH PHLEB&THRMB COMPL PG&PP UNS EOC"	"OTH PHLEBITIS&THROMB COMP PG&PP UNS EOC"
"671.51"	"OTH PHLEBITIS&THROMBOSIS W/DELIVERY"	"OTH PHLEBITIS&THROMB DELIV W/WO ANTPRTM COND"
"671.52"	"OTH PHLEBITIS&THROMB DELIV W/ PPC"	"OTH PHLEBITIS&THROMBOSIS W/DELIV W/MENTION PPC"
"671.53"	"OTH ANTEPARTUM PHLEBITIS&THROMBOSIS"	"OTHER ANTEPARTUM PHLEBITIS AND THROMBOSIS"
"671.54"	"OTH POSTPARTUM PHLEBITIS&THROMBOSIS"	"OTHER POSTPARTUM PHLEBITIS AND THROMBOSIS"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"671.8"	"OTH VENOUS COMPS PG&THE PUERPERIUM"	"OTH VENOUS COMPS PREGNANCY&THE PUERPERIUM"
"671.80"	"OTH VENUS COMP PG&PP UNS EOC"	"OTH VENUS COMP PG&THE PUERPERIUM UNS EPIS CARE"
"671.81"	"OTH VENOUS COMPLICATIONS W/DELIVERY"	"OTH VENOUS COMP DELIV W/WO MENTION ANTPRTM COND"
"671.82"	"OTH VENOUS COMP DELIV W/MENTION PPC"	"OTH VENOUS COMPLICATION W/DELIVERY W/MENTION PPC"
"671.83"	"OTH VENOUS COMPLICATION ANTEPARTUM"	"OTHER VENOUS COMPLICATION ANTEPARTUM"
"671.84"	"OTH VENOUS COMPLICATION POSTPARTUM"	"OTHER VENOUS COMPLICATION POSTPARTUM"
"671.9"	"UNS VENOUS COMP PG&THE PUERPERIUM"	"UNSPEC VENOUS COMP PREGNANCY&THE PUERPERIUM"
"671.90"	"UNS VENUS COMP PG&PP UNS EOC"	"UNS VENUS COMP PG&THE PUERPERIUM UNS EPIS CARE"
"671.91"	"UNS VENOUS COMPLICATIONS W/DELIVERY"	"UNS VENOUS COMP DELIV W/WO MENTION ANTPRTM COND"
"671.92"	"UNS VENOUS COMP DELIV W/MENTION PPC"	"UNSPEC VENOUS COMP W/DELIVERY W/MENTION PPC"
"671.93"	"UNSPEC VENOUS COMPLICATION ANTPRTM"	"UNSPECIFIED VENOUS COMPLICATION ANTEPARTUM"
"671.94"	"UNSPEC VENOUS COMP POSTPARTUM"	"UNSPECIFIED VENOUS COMPLICATION POSTPARTUM"
"672"	"PYREXIA UNKN ORIG DUR THE PURPERIUM"	"PYREXIA OF UNKNOWN ORIGIN DURING THE PUERPERIUM"
"672.0"	"PYREXIA UNKN ORIG DUR THE PURPERIUM"	"PYREXIA OF UNKNOWN ORIGIN DURING THE PUERPERIUM"
"672.00"	"PUERPERL PYREXIA UNKN ORIGN UNS EOC"	"PUERPERAL PYREXIA UNKN ORIGIN UNS AS EPIS CARE"
"672.02"	"PUERPERL PYREX UNKN ORIGN DEL W/PPC"	"PUERPERAL PYREXIA UNKN ORIGIN DELIV W/ PPC"
"672.04"	"PUERPERAL PYREXIA UNKNOWN ORIGIN PP"	"PUERPERAL PYREXIA OF UNKNOWN ORIGIN POSTPARTUM"
"673"	"OBSTETRICAL PULMONARY EMBOLISM"	"OBSTETRICAL PULMONARY EMBOLISM"
"673.0"	"OBSTETRICAL AIR EMBOLISM"	"OBSTETRICAL AIR EMBOLISM"
"673.00"	"OB AIR EMBO UNSPEC AS EPIS CARE"	"OBSTETRICAL AIR EMBOLISM UNSPEC AS EPISODE CARE"
"673.01"	"OB AIR EMBO DELIV W/WO ANTPRTM COND"	"OB AIR EMBO W/DELIV W/WO MENTION ANTPRTM COND"
"673.02"	"OB AIR EMBO W/DELIV W/MENTION PPC"	"OBSTETRICAL AIR EMBOLISM W/DELIV W/MENTION PPC"
"673.03"	"OB AIR EMBO ANTPRTM COND/COMP"	"OBSTETRICAL AIR EMBOLISM ANTPRTM COND/COMP"
"673.04"	"OB AIR EMBO POSTPARTUM COND/COMP"	"OBSTETRICAL AIR EMBOLISM POSTPARTUM COND/COMP"
"673.1"	"AMNIOTIC FLUID EMBOLISM"	"AMNIOTIC FLUID EMBOLISM"
"673.10"	"AMNIOTIC FL EMBO UNS AS EPIS CARE"	"AMNIOTIC FLUID EMBOLISM UNSPEC AS EPISODE CARE"
"673.11"	"AMNIOTIC FLUID EMBOLISM W/DELIVERY"	"AMNIOTIC FLUID EMBOLISM DEL W/WO ANTEPARTUM COND"
"673.12"	"AMNIOTIC FL EMBO DELIV W/ PPC"	"AMNIOTIC FLUID EMBOLISM W/DELIVERY W/MENTION PPC"
"673.13"	"AMNIOTIC FL EMBO ANTPRTM COND/COMP"	"AMNIOTIC FLUID EMBOLISM ANTPRTM COND/COMP"
"673.14"	"AMNIOTIC FL EMBO PP COND/COMP"	"AMNIOTIC FLUID EMBOLISM POSTPARTUM COND/COMP"
"673.2"	"OBSTETRICAL BLOOD-CLOT EMBOLISM"	"OBSTETRICAL BLOOD-CLOT EMBOLISM"
"673.20"	"OB BLD-CLOT EMBO UNS AS EPIS CARE"	"OBSTETRICAL BLD-CLOT EMBO UNSPEC AS EPISODE CARE"
"673.21"	"OB BLOOD-CLOT EMBOLISM W/DELIVERY"	"OB BLD-CLOT EMBOLISM DEL W/WO ANTEPARTUM COND"
"673.22"	"OB BLD-CLOT EMBO W/MENTION PPC"	"OBSTETRICAL BLOOD-CLOT EMBOLISM W/MENTION PPC"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"673.23"	"OBSTETRICAL BLD-CLOT EMBO ANTPRTM"	"OBSTETRICAL BLOOD-CLOT EMBOLISM ANTEPARTUM"
"673.24"	"OB BLD-CLOT EMBO POSTPARTUM"	"OBSTETRICAL BLOOD-CLOT EMBOLISM POSTPARTUM"
"673.3"	"OBSTETRICAL PYEMIC&SEPTIC EMBOLISM"	"OBSTETRICAL PYEMIC AND SEPTIC EMBOLISM"
"673.30"	"OB PYEMIC&SEPTIC EMBO UNS EPIS CARE"	"OB PYEMIC&SEPTIC EMBO UNSPEC AS EPIS CARE"
"673.31"	"OB PYEMIC&SEPTIC EMBOLISM W/DEL"	"OB PYEMIC&SEPTIC EMBOLISM DEL W/WO ANTPRTM COND"
"673.32"	"OB PYEMIC&SEPTIC EMBO DEL W/PPC"	"OB PYEMIC&SEPTIC EMBOLISM DELIVERY W/PP COMPL"
"673.33"	"OB PYEMIC&SEPTIC EMBO ANTPRTM"	"OBSTETRICAL PYEMIC&SEPTIC EMBOLISM ANTEPARTUM"
"673.34"	"OB PYEMIC&SEPTIC EMBO POSTPARTUM"	"OBSTETRICAL PYEMIC&SEPTIC EMBOLISM POSTPARTUM"
"673.8"	"OTH OBSTETRICAL PULMONARY EMBOLISM"	"OTHER OBSTETRICAL PULMONARY EMBOLISM"
"673.80"	"OTH OB PULM EMBO UNS AS EPIS CARE"	"OTH OB PULMONARY EMBO UNSPEC AS EPIS CARE"
"673.81"	"OTH OB PULMARY EMBOLISM W/DELIVERY"	"OTH OB PULMARY EMBOLSIM DEL W/WO ANTEPARTUM COND"
"673.82"	"OTH OB PULM EMBO DELIV W/ PPC"	"OTH OB PULMONARY EMBO W/DELIV W/MENTION PPC"
"673.83"	"OTH OB PULMONARY EMBO ANTPRTM"	"OTHER OBSTETRICAL PULMONARY EMBOLISM ANTEPARTUM"
"673.84"	"OTH OB PULMONARY EMBO POSTPARTUM"	"OTHER OBSTETRICAL PULMONARY EMBOLISM POSTPARTUM"
"674"	"OTH&UNSPEC COMPS PUERPERIUM NEC"	"OTHER&UNSPECIFIED COMPLICATIONS PUERPERIUM NEC"
"674.0"	"CEREBRVASC DISORDERS PUERPERIUM"	"CEREBROVASCULAR DISORDERS IN THE PUERPERIUM"
"674.00"	"CERBVASC D/O OCCUR PG CB/PP UNS EOC"	"CERBROVASCULAR D/O OCCURRING PG CB/PP UNS EOC"
"674.01"	"CERBVASC D/O DEL W/WO ANTPRTM COND"	"CERBROVASC D/O DELIV W/WO MENTION ANTPRTM COND"
"674.02"	"CEREBRVASC D/O DELIV W/MENTION PPC"	"CEREBRVASC DISORDER W/DELIVERY W/MENTION PPC"
"674.03"	"CEREBROVASCULAR DISORDER ANTEPARTUM"	"CEREBROVASCULAR DISORDER ANTEPARTUM"
"674.04"	"CEREBROVASCULAR DISORDER POSTPARTUM"	"CEREBROVASCULAR DISORDER POSTPARTUM"
"674.1"	"DISRUPTION OF CESAREAN WOUND"	"DISRUPTION OF CESAREAN WOUND"
"674.10"	"DISRUPT C/S WOUND UNS AS EPIS CARE"	"DISRUPTION CESAREAN WOUND UNSPEC AS EPISODE CARE"
"674.12"	"DISRUPT C/S WND DELIV W/MENTION PPC"	"DISRUPTION C-SECT WOUND W/DELIVERY W/MENTION PPC"
"674.14"	"DISRUPTION C-SECT WOUND POSTPARTUM"	"DISRUPTION OF CESAREAN WOUND POSTPARTUM"
"674.2"	"DISRUPT OBSTETRICAL PERINEAL WOUND"	"DISRUPTION OF OBSTETRICAL PERINEAL WOUND"
"674.20"	"DISRUPT PERINL WND UNS EPIS CARE PG"	"DISRUPT PERINL WOUND UNSPEC AS EPIS CARE PG"
"674.22"	"DISRUPT PERINL WOUND DEL W/PP COMPL"	"DISRUPTRUPT PERINL WOUND W/DEL W/PP COMPLICATON"
"674.24"	"DISRUPT PERINEAL WOUND POSTPARTUM"	"DISRUPTION OF PERINEAL WOUND POSTPARTUM"
"674.3"	"OTH COMPS OB SURGICAL WOUNDS"	"OTHER COMPLICATIONS OBSTETRICAL SURGICAL WOUNDS"
"674.30"	"OTH COMP OB SURG WNDS UNS EPIS CARE"	"OTH COMP OB SURGICAL WOUNDS UNSPEC AS EPIS CARE"
"674.32"	"OTH COMP OB SURG WNDS DELIV W/ PPC"	"OTH COMP OB SURG WOUNDS W/DELIV W/MENTION PPC"
"674.34"	"OTH COMP OB SURG WNDS PP COND/COMP"	"OTH COMP OB SURGICAL WOUNDS POSTPARTUM COND/COMP"
"674.4"	"PLACENTAL POLYP"	"PLACENTAL POLYP"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"674.40"	"PLACENTAL POLYP UNSPEC AS EPIS CARE"	"PLACENTAL POLYP UNSPECIFIED AS TO EPISODE CARE"
"674.42"	"PLACNTL POLYP W/DELIV W/MENTION PPC"	"PLACENTAL POLYP W/DELIVERY W/MENTION PPC"
"674.44"	"PLACENTAL POLYP	POSTPARTUM"
"674.5"	"PERIPARTUM CARDIOMYOPATHY"	"PERIPARTUM CARDIOMYOPATHY"
"674.50"	"PERIPARTUM CARDIOMYOPATHY UNS EOC"	"PERIPARTUM CARDIOMYPATH UNS EPIS CARE/NOT APPLIC"
"674.51"	"PERIPARTUM CARDIOMYOPATHY DELIVERED"	"PERIPARTUM CARDIOMYPATH DELIV W/WO ANTPRTM COND"
"674.52"	"PERIPARTM CARDIOMYPATH DEL PP COND"	"PERIPARTUM CARDIOMYPATH DELIV W/MENTION PP COND"
"674.53"	"PERIPARTM CARDIOMYPATH ANTPRTM COMP"	"PERIPARTUM CARDIOMYOPATHY ANTPRTM COND/COMP"
"674.54"	"PERIPARTUM CARDIOMYOPATHY PP COMP"	"PERIPARTUM CARDIOMYOPATHY POSTPARTUM COND/COMP"
"674.8"	"OTHER COMPLICATIONS THE PUERPERIUM"	"OTHER COMPLICATIONS OF THE PUERPERIUM"
"674.80"	"OTH COMP PUERPERIUM UNS EPIS CARE"	"OTH COMP PUERPERIUM UNSPEC AS EPISODE CARE"
"674.82"	"OTH COMP PUERPERIUM DELIV W/ PPC"	"OTH COMP PUERPERIUM W/DELIVERY W/MENTION PPC"
"674.84"	"OTHER COMPLICATION OF PUERPERIUM"	"OTHER COMPLICATION OF PUERPERIUM"
"674.9"	"UNSPEC COMPLICATIONS PUERPERIUM"	"UNSPECIFIED COMPLICATIONS OF THE PUERPERIUM"
"674.90"	"UNS COMPS PUERPERIUM UNS EPIS CARE"	"UNSPEC COMPS PUERPERIUM UNSPEC AS EPISODE CARE"
"674.92"	"UNS COMPS PUERPERIUM DELIV W/ PPC"	"UNSPEC COMPS PUERPERIUM W/DELIVERY W/MENTION PPC"
"674.94"	"UNSPEC COMPLICATIONS PUERPERIUM"	"UNSPECIFIED COMPLICATIONS OF PUERPERIUM"
"675"	"INF BRST&NIPPLE ASSOC W/CHILDBIRTH"	"INFECTION BREAST&NIPPLE ASSOCIATED W/CHILDBIRTH"
"675.0"	"INFECTION NIPPLE ASSOC W/CHILDBIRTH"	"INFECTION OF NIPPLE ASSOCIATED WITH CHILDBIRTH"
"675.00"	"INF NIPPLEW/CHLDBRTH UNS EPIS CARE"	"INF NIPPLE ASSOC W/CHILDBRTH UNSPEC AS EPIS CARE"
"675.01"	"INFECT NIPPLE W/CHLDBRTH DELIVERED"	"INF NIPPLE W/CHLDBRTH DEL W/WO ANTEPARTUM COND"
"675.02"	"INF NIPPLEW/CHLDBRTH DELIV W/ PPC"	"INF NIPPLE ASSOC W/CHILDBRTH DELIV W/MENTION PPC"
"675.03"	"INFECTION OF NIPPLE	ANTEPARTUM"
"675.04"	"INFECTION OF NIPPLE	POSTPARTUM"
"675.1"	"ABSC BREAST ASSOCIATED W/CHILDBIRTH"	"ABSCCESS OF BREAST ASSOCIATED WITH CHILDBIRTH"
"675.10"	"ABSC BRSTW/CHLDBRTH UNS EPIS CARE"	"ABSC BRST ASSOC W/CHILDBIRTH UNSPEC AS EPIS CARE"
"675.11"	"ABSCES BREAST W/CHLDBRTH DELIVERED"	"ABSCCESS BREAST W/CHLDBRTH DEL W/WO ANTPRTM COND"
"675.12"	"ABSC BRSTW/CHLDBRTH DELIV W/ PPC"	"ABSC BRST ASSOC W/CHILDBIRTH DELIV W/MENTION PPC"
"675.13"	"ABSCCESS OF BREAST	ANTEPARTUM"
"675.14"	"ABSCCESS OF BREAST	POSTPARTUM"
"675.2"	"NONPURULENT MASTITISW/CHLDBRTH"	"NONPURULENT MASTITIS ASSOCIATED WITH CHILDBIRTH"
"675.20"	"NONPURULENT MASTITIS UNS EOC"	"NONPURULENT MASTITIS-UNS EPIS PRE/POSTNATAL CARE"
"675.21"	"NONPURULENT MASTITIS DELIVERED"	"NONPURULENT MASTITIS DELIV W/WO ANTPRTM COND"
"675.22"	"NONPURULENT MASTITIS DELIV W/ PPC"	"NONPURULENT MASTITIS DELIVERED W/MENTION PPC"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"675.23"	"NONPURULENT MASTITIS	ANTEPARTUM"
"675.24"	"NONPURULENT MASTITIS	POSTPARTUM"
"675.8"	"OTH SPEC INF BRST&NIPPLEW/CHLDBRTH"	"OTH SPEC INF BREAST&NIPPLE ASSOC W/CHILDBIRTH"
"675.80"	"OTH SPEC INF BRST&NPPL W/CB UNS EOC"	"OTH SPEC INF BREAST&NIPPLE W/CHILDBIRTH UNS EOC"
"675.81"	"OTH SPEC BRST&NIPPLE INF W/CB-DEL"	"OTH SPEC BREAST-NIPPLE INFECT ASSOC W/CB DELIVER"
"675.82"	"OTH INF BRST&NIPPLE W/CB DEL W/PPC"	"OTH INF BRST&NIPPLE W/CHLDBRTH DEL W/PP COMPL"
"675.83"	"OTH SPEC INF BREAST&NIPPLE ANTPRTM"	"OTHER SPEC INFECTION BREAST&NIPPLE ANTEPARTUM"
"675.84"	"OTH SPEC INF BREAST&NIPPLE PP"	"OTHER SPEC INFECTION BREAST&NIPPLE POSTPARTUM"
"675.9"	"UNS INF BRST&NIPPLEW/CHLDBRTH"	"UNSPEC INF BREAST&NIPPLE ASSOC W/CHILDBIRTH"
"675.90"	"UNS INF BREAST UNS PRE/POSTNAT EOC"	"UNS INF BRST&NIPPLE UNS PRENATAL/POSTNATAL EOC"
"675.91"	"UNS INFECT BREAST&NIPPLE DELIVERED"	"UNS INF BRST&NIPPLE DELIV W/WO ANTPRTM COND"
"675.92"	"UNS INF BRST&NIPPLE DELIV W/ PPC"	"UNSPEC INF BREAST&NIPPLE DELIV W/MENTION PPC"
"675.93"	"UNSPEC INF BREAST&NIPPLE ANTPRTM"	"UNSPECIFIED INFECTION BREAST&NIPPLE ANTEPARTUM"
"675.94"	"UNSPEC INF BREAST&NIPPLE POSTPARTUM"	"UNSPECIFIED INFECTION BREAST&NIPPLE POSTPARTUM"
"676"	"ENGORGE BRSTS UNS PRE/POSTNATAL EOC"	"OTH D/O BREAST ASSOC W/CHILDBIRTH&D/O LACTATION"
"676.0"	"RETRACTED NIPPLE ASSOC W/CHILDBIRTH"	"RETRACTED NIPPLE ASSOCIATED WITH CHILDBIRTH"
"676.00"	"RETRCT NIPPLE UNS PRE/POSTNATAL EOC"	"RETRACTED NIPPLE UNS PRENATAL/POSTNATAL EOC"
"676.01"	"RETRACTED NIPPLE DELIVERED"	"RETRACTED NIPPLE DELIV W/WO MENTION ANTPRTM COND"
"676.02"	"RETRACTED NIPPLE DELIV W/ PPC"	"RETRACTED NIPPLE DELIVERED W/MENTION PPC"
"676.03"	"RETRACTED NIPPLE ANTPRTM COND/COMP"	"RETRACTED NIPPLE ANTEPARTUM COND/COMPLICATION"
"676.04"	"RETRACTED NIPPLE PP COND/COMP"	"RETRACTED NIPPLE POSTPARTUM COND/COMPLICATION"
"676.1"	"CRACKED NIPPLE ASSOC W/CHILDBIRTH"	"CRACKED NIPPLE ASSOCIATED WITH CHILDBIRTH"
"676.10"	"CRACKED NIPPLE UNS PRE/POSTNATL EOC"	"CRACKED NIPPLE UNS PRENATAL/POSTNATAL EPIS CARE"
"676.11"	"CRACKED NIPPLE-DELIVERED"	"CRACKED NIPPLE DELIV W/WO MENTION ANTPRTM COND"
"676.12"	"CRACKED NIPPLE DELIV W/MENTION PPC"	"CRACKED NIPPLE DELIVERED W/MENTION PPC"
"676.13"	"CRACKED NIPPLE ANTPRTM COND/COMP"	"CRACKED NIPPLE ANTEPARTUM CONDITION/COMPLICATION"
"676.14"	"CRACKED NIPPLE POSTPARTUM COND/COMP"	"CRACKED NIPPLE POSTPARTUM CONDITION/COMPLICATION"
"676.2"	"ENGORGEMENT BRSTS ASSOC W/CHILDBRTH"	"ENGORGEMENT OF BREASTS ASSOCIATED W/CHILDBIRTH"
"676.20"	"BREAST ENGORGE-UNSPEC"	"ENGORGEMENT BRSTS UNS PRENATAL/POSTNATAL EOC"
"676.21"	"ENGORGE BRSTS DEL W/WO ANTPRTM COND"	"ENGORGEMENT BREASTS DEL W/WO ANTEPARTUM COND"
"676.22"	"ENGORGEMENT BRSTS DELIV W/ PPC"	"ENGORGEMENT BREASTS DELIVERED W/MENTION PPC"
"676.23"	"ENGORGEMENT OF BREAST	ANTEPARTUM"
"676.24"	"ENGOREMENT OF BREAST	POSTPARTUM"
"676.3"	"OTH&UNS D/O BRST ASSOC W/CHLDBRTH"	"OTH&UNSPEC DISORDER BREAST ASSOC W/CHILDBIRTH"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"676.30"	"UNS D/O BRSTW/CHLDBRTH UNS EOC"	"OTH&UNS D/O BRST ASSOC W/CHLDBRTH UNS EPIS CARE"
"676.31"	"UNS D/O BREAST W/CB DELIVERED"	"UNS D/O BREAST W/CHLDBRTH DEL W/VO ANTPRTM COND"
"676.32"	"UNS D/O BRSTW/CHLDBRTH DELIV W/ PPC"	"OTH&UNS D/O BREAST W/CHILDBIRTH DEL W/PP COMPL"
"676.33"	"UNS D/O BRSTW/CHLDBRTH ANTPRTM COMP"	"OTH&UNS D/O BRSTW/CHLDBRTH ANTPRTM COND/COMP"
"676.34"	"UNS D/O BRSTW/CHLDBRTH PP COND/COMP"	"OTH&UNS D/O BRST ASSOC W/CHLDBRTH PP COND/COMP"
"676.4"	"FAILURE OF LACTATION"	"FAILURE OF LACTATION"
"676.40"	"FAIL LACTATION UNSPEC AS EPIS CARE"	"FAILURE LACTATION UNSPECIFIED AS TO EPISODE CARE"
"676.41"	"FAILED LACTATION W/DELIVERY"	"FAILED LACTATION W/DEL W/VO MENTION ANTPRTM COND"
"676.42"	"FAIL LACTATION DELIV W/MENTION PPC"	"FAILURE LACTATION W/DELIVERY W/MENTION PPC"
"676.43"	"FAILURE LACTATION ANTPRTM COND/COMP"	"FAILURE LACTATION ANTEPARTUM COND/COMPLICATION"
"676.44"	"FAIL LACTATION POSTPARTUM COND/COMP"	"FAILURE LACTATION POSTPARTUM COND/COMPLICATION"
"676.5"	"SUPPRESSED LACTATION"	"SUPPRESSED LACTATION"
"676.50"	"SUPPRESSED LACTATION UNS EPIS CARE"	"SUPPRESSED LACTATION UNSPECIFIED AS EPISODE CARE"
"676.51"	"SUPPRESSED LACTATION W/DELIVERY"	"SUPPRESSED LACTATION DELIV W/VO ANTPRTM COND"
"676.52"	"SUPPRESSED LACTATION DELIV W/ PPC"	"SUPPRESSED LACTATION W/DELIVERY W/MENTION PPC"
"676.53"	"SUPPRESSED LACTATION ANTPRTM COMP"	"SUPPRESSED LACTATION ANTPRTM COND/COMPLICATION"
"676.54"	"SUPPRESSED LACTATION PP COND/COMP"	"SUPPRESSED LACTATION POSTPARTUM COND/COMP"
"676.6"	"GALACTORRHEA"	"GALACTORRHEA"
"676.60"	"GALACTORRHEAW/CHLDBRTH UNS EOC"	"GALACTORRHEA ASSOC W/CHLDBRTH UNS AS EPIS CARE"
"676.61"	"GALACTORRHEA DEL W/VO ANTPRTM COND"	"GALACTORRHEA W/DELIV W/VO MENTION ANTPRTM COND"
"676.62"	"GALACTORRHEA W/DELIV W/MENTION PPC"	"GALACTORRHEA W/DELIVERY W/MENTION PPC"
"676.63"	"GALACTORRHEA ANTPRTM COND/COMP"	"GALACTORRHEA ANTEPARTUM CONDITION/COMPLICATION"
"676.64"	"GALACTORRHEA POSTPARTUM COND/COMP"	"GALACTORRHEA POSTPARTUM CONDITION/COMPLICATION"
"676.8"	"OTHER DISORDERS OF LACTATION"	"OTHER DISORDERS OF LACTATION"
"676.80"	"OTH D/O LACTATION UNS AS EPIS CARE"	"OTHER DISORDER LACTATION UNSPEC AS EPISODE CARE"
"676.81"	"OTH D/O LACTATION W/DELIVERY"	"OTH D/O LACTATION DELIV W/VO ANTPRTM COND"
"676.82"	"OTH D/O LACTATION DELIV W/ PPC"	"OTH DISORDER LACTATION W/DELIVERY W/MENTION PPC"
"676.83"	"OTH D/O LACTATION ANTPRTM COND/COMP"	"OTH DISORDER LACTATION ANTPRTM COND/COMPLICATION"
"676.84"	"OTH DISORDER LACTATION PP COND/COMP"	"OTH DISORDER LACTATION POSTPARTUM COND/COMP"
"676.9"	"UNSPECIFIED DISORDER OF LACTATION"	"UNSPECIFIED DISORDER OF LACTATION"
"676.90"	"UNS D/O LACTATION UNS AS EPIS CARE"	"UNSPEC DISORDER LACTATION UNSPEC AS EPISODE CARE"
"676.91"	"UNS D/O LACTATION DELIVERY"	"UNS D/O LACTATION DELIV W/VO ANTPRTM COND"
"676.92"	"UNS D/O LACTATION DELIV W/ PPC"	"UNSPEC DISORDER LACTATION W/DELIV W/MENTION PPC"
"676.93"	"UNS D/O LACTATION ANTPRTM COND/COMP"	"UNSPEC DISORDER LACTATION ANTPRTM COND/COMP"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	Short Description	Long Description
"676.94"	"UNSPEC D/O LACTATION PP COND/COMP"	"UNSPEC DISORDER LACTATION POSTPARTUM COND/COMP"
"677"	"LATE EFF COMP PREG-PUERP"	"LATE EFFECT COMP PG CHILDBIRTH&THE PUERPERIUM"

SUBSTANCE ABUSE		
ICD9Code	Short Description	Long Description
"291"	"ALCOHOL-INDUCED MENTAL DISORDERS"	"ALCOHOL-INDUCED MENTAL DISORDERS"
"291.0"	"ALCOHOL WITHDRAWAL DELIRIUM"	"ALCOHOL WITHDRAWAL DELIRIUM"
"291.1"	"ALCOHOL-INDUCD PERSIST AMNESTIC D/O"	"ALCOHOL-INDUCED PERSISTING AMNESTIC DISORDER"
"291.2"	"ALCOHOL-INDUCED PERSISTING DEMENTIA"	"ALCOHOL-INDUCED PERSISTING DEMENTIA"
"291.3"	"ALC-INDUCD PSYCHOT D/O W/HALLUCINAT"	"ALCOHOL-INDUCED PSYCHOT DISORDER W/HALLUCINATION"
"291.4"	"IDIOSYNCRATIC ALCOHOL INTOXICATION"	"IDIOSYNCRATIC ALCOHOL INTOXICATION"
"291.5"	"ALC-INDUCD PSYCHOT D/O W/DELUSIONS"	"ALCOHOL-INDUCED PSYCHOTIC DISORDER W/DELUSIONS"
"291.8"	"OTH SPEC ALCOHOL-INDUCED MENTAL D/O"	"OTHER SPECIFIED ALCOHOL-INDUCED MENTAL DISORDERS"
"291.81"	"ALCOHOL WITHDRAWAL"	"ALCOHOL WITHDRAWAL"
"291.89"	"OTH SPEC ALCOHOL-INDUCED MENTAL D/O"	"OTHER SPECIFIED ALCOHOL-INDUCED MENTAL DISORDERS"
"291.9"	"UNSPEC ALCOHOL-INDUCED MENTAL D/O"	"UNSPECIFIED ALCOHOL-INDUCED MENTAL DISORDERS"
"292"	"DRUG-INDUCED MENTAL DISORDERS"	"DRUG-INDUCED MENTAL DISORDERS"
"292.0"	"DRUG WITHDRAWAL"	"DRUG WITHDRAWAL"
"292.1"	"PARANOID&/HALLUCIN STATES INDUCD-RX"	"PARANOID &OR HALLUCINATORY STATES INDUCED DRUGS"
"292.11"	"DRUG-INDUCD PSYCHOT D/O W/DELUSIONS"	"DRUG-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS"
"292.12"	"DRUG-INDUCD PSYCHOT D/O W/HALLUCIN"	"DRUG-INDUCED PSYCHOTIC DISORDER W/HALLUCINATIONS"
"292.2"	"PATHOLOGICAL DRUG INTOXICATION"	"PATHOLOGICAL DRUG INTOXICATION"
"292.8"	"OTH SPEC DRUG-INDUCED MENTAL D/O"	"OTHER SPECIFIED DRUG-INDUCED MENTAL DISORDERS"
"292.81"	"DRUG-INDUCED DELIRIUM"	"DRUG-INDUCED DELIRIUM"
"292.82"	"DRUG-INDUCED PERSISTING DEMENTIA"	"DRUG-INDUCED PERSISTING DEMENTIA"
"292.83"	"DRUG-INDUCD PERSISTING AMNESTIC D/O"	"DRUG-INDUCED PERSISTING AMNESTIC DISORDER"
"292.84"	"DRUG-INDUCED MOOD DISORDER"	"DRUG-INDUCED MOOD DISORDER"
"292.89"	"OTH SPEC DRUG-INDUCD MENTL DISORDER"	"OTHER SPECIFIED DRUG-INDUCED MENTAL DISORDER"
"292.9"	"UNSPEC DRUG-INDUCED MENTAL DISORDER"	"UNSPECIFIED DRUG-INDUCED MENTAL DISORDER"
"293"	"TRANSIENT MENTL D/O-COND CLASS ELSW"	"TRANSIENT MENTAL DISORDERS DUE CONDS CLASS ELSW"
"293.0"	"DELIRIUM DUE CONDS CLASSIFIED ELSW"	"DELIRIUM DUE TO CONDITIONS CLASSIFIED ELSEWHERE"
"293.1"	"SUBACUTE DELIRIUM"	"SUBACUTE DELIRIUM"

EXCLUDED SERVICES

SUBSTANCE ABUSE		
ICD9Code	Short Description	Long Description
"293.8"	"OTH SPEC TRANSNT MENTL D/O CLSS ELS"	"OTH SPEC TRANSIENT MENTL D/O DUE COND CLASS ELSW"
"293.81"	"PSYCHOT W/DELUSION COND CLASS ELSW"	"PSYCHOTIC DISORDER W/DELUSIONS CONDS CLASS ELSW"
"293.82"	"PSYCHOT W/HALLUCNAT COND CLASS ELSW"	"PSYCHOTIC D/O W/HALLUCINATIONS CONDS CLASS ELSW"
"293.83"	"MOOD DISORDER CONDS CLASSIFIED ELSW"	"MOOD DISORDER IN CONDITIONS CLASSIFIED ELSEWHERE"
"293.84"	"ANXIETY DISORDER CONDS CLASS ELSW"	"ANXIETY DISORDER CONDITIONS CLASSIFIED ELSEWHERE"
"293.89"	"OTH TRANSNT MENTL D/O COND CLSS ELS"	"OTH TRANSIENT MENTAL D/O DUE CONDS CLASS ELSW"
"293.9"	"UNS TRANSNT MENTL D/O COND CLSS ELS"	"UNSPEC TRANSIENT MENTL DISORDER CONDS CLASS ELSW"
"294"	"PERSISTNT MENTL D/O COND CLASS ELSW"	"PERSISTENT MENTAL DISORDERS DUE CONDS CLASS ELSW"
"294.0"	"AMNESTIC DISORDER CONDS CLASS ELSW"	"AMNESTIC DISORDER CONDS CLASSIFIED ELSEWHERE"
"294.1"	"DEMENTIA CONDS CLASSIFIED ELSEWHERE"	"DEMENTIA IN CONDITIONS CLASSIFIED ELSEWHERE"
"294.10"	"DEMENTIA CCE W/O BEHAV DISTURB"	"DEMENTIA CONDS CLASS ELSW W/O BHVAL DISTURBANCE"
"294.11"	"DEMENTIA CCE W/BEHAV DISTURBANCES"	"DEMENTIA CCE W/BEHAVIORAL DISTURBANCES"
"294.8"	"OTH PERSIST MENTL D/O COND CLSS ELS"	"OTH PERSISTENT MENTAL D/O DUE CONDS CLASS ELSW"
"294.9"	"UNS PERSIST MENTL D/O COND CLSS ELS"	"UNSPEC PERSISTENT MENTL D/O DUE CONDS CLASS ELSW"
"295"	"SCHIZOPHRENIC DISORDERS"	"SCHIZOPHRENIC DISORDERS"
"303"	"ALCOHOL DEPENDENCE SYNDROME"	"ALCOHOL DEPENDENCE SYNDROME"
"303.0"	"ACUTE ALCOHOLIC INTOXICATION"	"ACUTE ALCOHOLIC INTOXICATION"
"303.00"	"ACUT ALCOHLIC INTOXICATION UNS"	"ACUTE ALCOHOLIC INTOXICATION UNSPEC DRUNKENNESS"
"303.01"	"ACUT ALCOHLIC INTOXICATION CONT"	"ACUTE ALCOHOLIC INTOXICATION CONT DRUNKENNESS"
"303.02"	"AC ALCOHLIC INTOXICATION EPISODIC"	"ACUT ALCOHOLIC INTOXICATION EPISODIC DRUNKENNESS"
"303.03"	"ACUT ALCOHLIC INTOXICATION REMISS"	"ACUTE ALCOHOLIC INTOXICATION IN REMISSION"
"303.9"	"OTHER&UNSPEC ALCOHOL DEPENDENCE"	"OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE"
"303.90"	"OTH&UNS ALCOHL DPND UNS DRUNKENNESS"	"OTH&UNSPEC ALCOHOL DEPENDENCE UNSPEC DRUNKENNESS"
"303.91"	"OTH&UNS ALCOHL DPND CONT"	"OTHER&UNSPEC ALCOHOL DEPENDENCE CONT DRUNKENNESS"
"303.92"	"OTH&UNS ALCOHL DPND EPISODIC"	"OTH&UNSPEC ALCOHOL DEPEND EPISODIC DRUNKENNESS"
"303.93"	"OTH&UNSPEC ALCOHOL DEPEND REMISSION"	"OTHER&UNSPECIFIED ALCOHOL DEPENDENCE REMISSION"
"304"	"DRUG DEPENDENCE"	"DRUG DEPENDENCE"
"304.0"	"OPIOID TYPE DEPENDENCE"	"OPIOID TYPE DEPENDENCE"
"304.00"	"OPIOID TYPE DEPENDENCE UNSPEC ABUSE"	"OPIOID TYPE DEPENDENCE UNSPECIFIED ABUSE"
"304.01"	"OPIOID TYPE DEPENDENCE CONT ABUSE"	"OPIOID TYPE DEPENDENCE CONTINUOUS ABUSE"
"304.02"	"OPIOID TYPE DEPENDENCE EPISODIC ABS"	"OPIOID TYPE DEPENDENCE EPISODIC ABUSE"
"304.03"	"OPIOID TYPE DEPENDENCE IN REMISSION"	"OPIOID TYPE DEPENDENCE IN REMISSION"
"304.1"	"SEDATIVE HYPNOTIC/ANXIOLYTIC DEPEND"	"SEDATIVE HYPNOTIC OR ANXIOLYTIC DEPENDENCE"
"304.10"	"SEDAT HYPNOT/ANXIOLYTIC DEPEND UNS"	"SEDATIVE HYPNOTIC/ANXIOLYTIC DEPENDENCE UNSPEC"

EXCLUDED SERVICES

SUBSTANCE ABUSE		
ICD9Code	Short Description	Long Description
"304.11"	"SEDAT HYPNOT/ANXIOLYTIC DEPEND CONT"	"SEDATIVE HYPNOTIC/ANXIOLYTIC DEPENDENCE CONT"
"304.12"	"SEDAT HYPNOT/ANXIOLYTIC DPND EPISODIC"	"SEDATIVE HYPNOTIC/ANXIOLYTIC DEPENDENCE EPISODIC"
"304.13"	"SEDAT HYPNOT/ANXIOLYTIC DPND REMISS"	"SEDATIVE HYPNOTIC/ANXIOLYTIC DEPEND REMISSION"
"304.2"	"COCAINE DEPENDENCE"	"COCAINE DEPENDENCE"
"304.20"	"COCAINE DEPENDENCE UNSPEC ABUSE"	"COCAINE DEPENDENCE UNSPECIFIED ABUSE"
"304.21"	"COCAINE DEPENDENCE CONTINUOUS ABUSE"	"COCAINE DEPENDENCE CONTINUOUS ABUSE"
"304.22"	"COCAINE DEPENDENCE"	"EPISODIC ABUSE"
"304.23"	"COCAINE DEPENDENCE"	"IN REMISSION"
"304.3"	"CANNABIS DEPENDENCE"	"CANNABIS DEPENDENCE"
"304.30"	"CANNABIS DEPENDENCE UNSPEC ABUSE"	"CANNABIS DEPENDENCE UNSPECIFIED ABUSE"
"304.31"	"CANNABIS DEPENDENCE CONT ABUSE"	"CANNABIS DEPENDENCE CONTINUOUS ABUSE"
"304.32"	"CANNABIS DEPENDENCE"	"EPISODIC ABUSE"
"304.33"	"CANNABIS DEPENDENCE"	"IN REMISSION"
"304.4"	"AMPHET&OTH PSYCHOSTIMULANT DEPEND"	"AMPHETAMINE AND OTHER PSYCHOSTIMULANT DEPENDENCE"
"304.40"	"AMPHET&OTH PSYCHOSTIM DPND UNS ABS"	"AMPHET&OTH PSYCHOSTIMULANT DEPENDENCE UNSPEC ABS"
"304.41"	"AMPHET&OTH PSYCHOSTIM DPND CONT ABS"	"AMPHET&OTH PSYCHOSTIMULANT DEPENDENCE CONT ABS"
"304.42"	"AMPHET&OTH PSYCHOSTIM DPND EPIS ABS"	"AMPHET&OTH PSYCHOSTIMULANT DEPEND EPISODIC ABS"
"304.43"	"AMPHET&OTH PSYCHOSTIM DPND REMISS"	"AMPHET&OTH PSYCHOSTIMULANT DEPENDENCE REMISSION"
"304.5"	"HALLUCINOGEN DEPENDENCE"	"HALLUCINOGEN DEPENDENCE"
"304.50"	"HALLUCINOGEN DEPENDENCE UNSPEC ABS"	"HALLUCINOGEN DEPENDENCE UNSPECIFIED ABUSE"
"304.51"	"HALLUCINOGEN DEPENDENCE CONT ABUSE"	"HALLUCINOGEN DEPENDENCE CONTINUOUS ABUSE"
"304.52"	"HALLUCINOGEN DEPEND EPISODIC ABS"	"HALLUCINOGEN DEPENDENCE EPISODIC ABUSE"
"304.53"	"HALLUCINOGEN DEPENDENCE REMISSION"	"HALLUCINOGEN DEPENDENCE IN REMISSION"
"304.6"	"OTHER SPECIFIED DRUG DEPENDENCE"	"OTHER SPECIFIED DRUG DEPENDENCE"
"304.60"	"OTH SPEC DRUG DEPENDENCE UNSPEC ABS"	"OTHER SPEC DRUG DEPENDENCE UNSPEC ABUSE"
"304.61"	"OTH SPEC DRUG DEPENDENCE CONT ABUSE"	"OTHER SPECIFIED DRUG DEPENDENCE CONTINUOUS ABUSE"
"304.62"	"OTH SPEC DRUG DEPEND EPISODIC ABS"	"OTHER SPECIFIED DRUG DEPENDENCE EPISODIC ABUSE"
"304.63"	"OTH SPEC DRUG DEPENDENCE REMISSION"	"OTHER SPECIFIED DRUG DEPENDENCE IN REMISSION"
"304.7"	"COMB OPIOID RX W/ANY OTH RX DEPEND"	"COMB OPIOID DRUG W/ANY OTH DRUG DEPENDENCE"
"304.70"	"OPIOID/OTHER DEP-UNSPEC"	"COMB OPIOID RX W/ANY OTH RX DEPEND UNSPEC ABS"
"304.71"	"OPIOID/OTHER DEP-CONTIN"	"COMB OPIOID DRUG W/ANY OTH DRUG DEPEND CONT ABS"
"304.72"	"OPIOID/OTHER DEP-EPISOD"	"COMB OPIOID RX W/ANY OTH RX DEPEND EPISODIC ABS"
"304.73"	"OPIOID/OTHER DEP-REMISS"	"COMB OPIOID DRUG W/ANY OTH DRUG DEPEND REMISSION"
"304.8"	"COMB DRUG DEPEND EXCLD OPIOID DRUG"	"COMB DRUG DEPENDENCE EXCLUDING OPIOID DRUG"

EXCLUDED SERVICES

SUBSTANCE ABUSE		
ICD9Code	Short Description	Long Description
"304.80"	"COMBOS DRUG DEPEND UNS ABUSE"	"COMB DRUG DEPEND EXCLD OPIOID DRUG UNSPEC ABS"
"304.81"	"COMBOS DRUG DEPEND CONT ABUSE"	"COMB DRUG DEPEND EXCLUDING OPIOID DRUG CONT ABS"
"304.82"	"COMB DRUG DEPEND EPISOD ABUSE"	"COMB DRUG DEPEND EXCLD OPIOID DRUG EPISODIC ABS"
"304.83"	"COMB RX DPND EXCLD OPIOID RX REMISS"	"COMB DRUG DEPEND EXCLUDING OPIOID DRUG REMISSION"
"304.9"	"UNSPECIFIED DRUG DEPENDENCE"	"UNSPECIFIED DRUG DEPENDENCE"
"304.90"	"UNSPEC DRUG DEPENDENCE UNSPEC ABUSE"	"UNSPECIFIED DRUG DEPENDENCE UNSPECIFIED ABUSE"
"304.91"	"UNSPEC DRUG DEPENDENCE CONT ABUSE"	"UNSPECIFIED DRUG DEPENDENCE CONTINUOUS ABUSE"
"304.92"	"UNSPEC DRUG DEPENDENCE EPISODIC ABS"	"UNSPECIFIED DRUG DEPENDENCE EPISODIC ABUSE"
"304.93"	"UNSPEC DRUG DEPENDENCE REMISSION"	"UNSPECIFIED DRUG DEPENDENCE IN REMISSION"
"305"	"NONDEPENDENT ABUSE OF DRUGS"	"NONDEPENDENT ABUSE OF DRUGS"
"305.0"	"NONDEPENDENT ALCOHOL ABUSE"	"NONDEPENDENT ALCOHOL ABUSE"
"305.00"	"NONDPND ALCOHL ABS UNS DRUNKENNESS"	"NONDEPENDENT ALCOHOL ABUSE UNSPEC DRUNKENNESS"
"305.01"	"NONDPND ALCOHL ABS CONT DRUNKENNESS"	"NONDEPENDENT ALCOHOL ABUSE CONT DRUNKENNESS"
"305.02"	"NONDPND ALCOHL ABS EPISODIC"	"NONDEPENDENT ALCOHOL ABUSE EPISODIC DRUNKENNESS"
"305.03"	"NONDEPENDENT ALCOHOL ABS REMISSION"	"NONDEPENDENT ALCOHOL ABUSE IN REMISSION"
"305.1"	"NONDEPENDENT TOBACCO USE DISORDER"	"NONDEPENDENT TOBACCO USE DISORDER"
"305.2"	"NONDEPENDENT CANNABIS ABUSE"	"NONDEPENDENT CANNABIS ABUSE"
"305.20"	"NONDEPENDENT CANNABIS ABUSE UNSPEC"	"NONDEPENDENT CANNABIS ABUSE UNSPECIFIED"
"305.21"	"NONDEPENDENT CANNABIS ABUSE CONT"	"NONDEPENDENT CANNABIS ABUSE CONTINUOUS"
"305.22"	"NONDEPENDENT CANNABIS ABS EPISODIC"	"NONDEPENDENT CANNABIS ABUSE EPISODIC"
"305.23"	"NONDEPENDENT CANNABIS ABS REMISSION"	"NONDEPENDENT CANNABIS ABUSE IN REMISSION"
"305.3"	"NONDEPENDENT HALLUCINOGEN ABUSE"	"NONDEPENDENT HALLUCINOGEN ABUSE"
"305.30"	"NONDEPEND HALLUCINOGEN ABS UNSPEC"	"NONDEPENDENT HALLUCINOGEN ABUSE UNSPECIFIED"
"305.31"	"NONDEPENDENT HALLUCINOGEN ABS CONT"	"NONDEPENDENT HALLUCINOGEN ABUSE CONTINUOUS"
"305.32"	"NONDEPEND HALLUCINOGEN ABS EPISODIC"	"NONDEPENDENT HALLUCINOGEN ABUSE EPISODIC"
"305.33"	"NONDPND HALLUCINOGEN ABS REMISSION"	"NONDEPENDENT HALLUCINOGEN ABUSE IN REMISSION"
"305.4"	"NONDPND SEDAT HYPNOT/ANXIOLYTIC ABS"	"NONDEPENDENT SEDATIVE HYPNOTIC/ANXIOLYTIC ABUSE"
"305.40"	"NONDEPEND SEDAT HYPNOTIC ABS UNS"	"NONDEPEND SEDATIVE HYPNOT/ANXIOLYTIC ABS UNSPEC"
"305.41"	"NONDEPEND SEDAT HYPNOTIC ABS CONT"	"NONDEPEND SEDATIVE HYPNOTIC/ANXIOLYTIC ABS CONT"
"305.42"	"NONDPND SEDAT HYPNOTIC ABS EPISODIC"	"NONDEPEND SEDAT HYPNOT/ANXIOLYTIC ABS EPISODIC"
"305.43"	"NONDEPEND SEDAT HYPNOTIC ABS REMISS"	"NONDEPEND SEDAT HYPNOT/ANXIOLYTIC ABS REMISSION"
"305.5"	"NONDEPENDENT OPIOID ABUSE"	"NONDEPENDENT OPIOID ABUSE"
"305.50"	"NONDEPENDENT OPIOID ABUSE UNSPEC"	"NONDEPENDENT OPIOID ABUSE UNSPECIFIED"
"305.51"	"NONDEPENDENT OPIOID ABUSE CONT"	"NONDEPENDENT OPIOID ABUSE CONTINUOUS"

EXCLUDED SERVICES

SUBSTANCE ABUSE		
ICD9Code	Short Description	Long Description
"305.52"	"NONDEPENDENT OPIOID ABUSE"	EPISODIC"
"305.53"	"NONDEPENDENT OPIOID ABUSE REMISSION"	"NONDEPENDENT OPIOID ABUSE IN REMISSION"
"305.6"	"NONDEPENDENT COCAINE ABUSE"	"NONDEPENDENT COCAINE ABUSE"
"305.60"	"NONDEPENDENT COCAINE ABUSE UNSPEC"	"NONDEPENDENT COCAINE ABUSE UNSPECIFIED"
"305.61"	"NONDEPENDENT COCAINE ABUSE CONT"	"NONDEPENDENT COCAINE ABUSE CONTINUOUS"
"305.62"	"NONDEPENDENT COCAINE ABUSE EPISODIC"	"NONDEPENDENT COCAINE ABUSE EPISODIC"
"305.63"	"NONDEPENDENT COCAINE ABS REMISSION"	"NONDEPENDENT COCAINE ABUSE IN REMISSION"
"305.7"	"NONDPND AMPHET/REL ACT SYMPHOM ABS"	"NONDEPEND AMPHET/REL ACTING SYMPATHOMIMET ABS"
"305.70"	"AMPHETAMINE/RELATED DRUG ABUSE-UNS"	"NONDEPEND AMPHET/REL ACT SYMPATHOMIMET ABS UNS"
"305.71"	"AMPHETAMINE/RELATED RX ABUSE-CONTIN"	"NONDEPEND AMPHET/REL ACT SYMPATHOMIMET ABS CONT"
"305.72"	"AMPHETAMINE/RELATED DRUG ABUSE-EPIS"	"AMPHETAMINE/RELATED DRUG ABUSE-EPISODIC"
"305.73"	"AMPHETAMINE/RELATED DRUG ABS-REMISS"	"NONDPND AMPHET/REL ACT SYMPATHOMIMET ABS REMISS"
"305.8"	"NONDEPEND ANTIDEPRESSANT TYPE ABS"	"NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE"
"305.80"	"NONDEPEND ANTIDEPRESSANT TYPE ABS UNS"	"NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE UNSPEC"
"305.81"	"NONDPND ANTIDEPRESSANT TYPE ABS CONT"	"NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE CONT"
"305.82"	"NONDEPEND ANTIDEPRESS TYPE ABS EPIS"	"NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE EPISODIC"
"305.83"	"NONDPND ANTIDEPRESS TYPE ABS REMISS"	"NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE REMISSION"
"305.9"	"OTH MIXED/UNSPEC NONDEPEND DRUG ABS"	"OTHER MIXED/UNSPECIFIED NONDEPENDENT DRUG ABUSE"
"305.90"	"OTH MIX/UNS NONDEPEND RX ABS UNS"	"OTH MIXED/UNSPEC NONDEPENDENT DRUG ABUSE UNSPEC"
"305.91"	"OTH MIX/UNS NONDEPEND RX ABS CONT"	"OTHER MIXED/UNSPEC NONDEPENDENT DRUG ABUSE CONT"
"305.92"	"OTH MIX/UNS NONDPND RX ABS EPISODIC"	"OTH MIXED/UNSPEC NONDEPENDENT DRUG ABS EPISODIC"
"305.93"	"OTH MIX/UNS NONDPND RX ABS REMISS"	"OTH MIXED/UNSPEC NONDEPENDENT DRUG ABS REMISSION"

Revised Exhibit I - Part 4 - Exhibit A-2 - Description of Services - Primary - Attach I.A.doc
05/18/2012

HIV/AIDS PHYSICIAN SPECIALIST FORM**VERIFICATION OF QUALIFICATIONS: HIV/AIDS PHYSICIAN SPECIALIST FORM**

Pursuant to California Standing Referral law, Office of AIDS Programs and Policy, requires verification of criteria for credentialing approval specialist in HIV/AIDS. Please read carefully for the “and” and the “or” and check the criteria box(es) listed below that apply to you.

☐ I am licensed by the Medical Board of California to practice medicine in the state of California, and.

☐ I am credentialed as an “HIV Specialist” by the American Academy of HIV Medicine (STOP HERE); or

☐ I am Board Certified or have earned a Certificate of Added Qualification, in the field of HIV medicine granted by a member board of the American Board of Medical Specialties, should a member board of that organization establish board certification, or a Certificate of Added Qualification, in the field of HIV medicine; or

☐ I am Board Certified in the field of infectious diseases by a member board of American Board of Medical Specialties **and** I meet the following qualifications:

☐ In the immediate preceding 12 months, I have clinically managed medical care to a minimum of 25 patients who are infected with HIV; and I have successfully completed a minimum of 15 hours of category 1 continuing medical education (CME) in the prevention of HIV infection, combined with diagnosis, treatment, or both, of HIV-infected patients, including a minimum of 5 hours related to antiretroviral therapy per year; or

☐ In the immediate preceding 24 months, I have clinically managed medical care to a minimum of 20 patients who are infected with HIV; and, in the immediate preceding 12 months, I have completed any of the following (check all that apply):

☐ I have obtained Board Certification or re-certification in the field of Infectious Diseases from a member board of the American Board of Medical Specialties; or

☐ I have successfully completed a minimum of 30 hours of category 1 continuing medical education (CME) in the prevention of HIV infection, combined with diagnosis, treatment, or both, of HIV-infected patients; or

☐ I have successfully completed a minimum of 15 hours of category 1 continuing medical education (CME) in the prevention of HIV infection, combined with diagnosis, treatment, or both, of HIV-infected patients and I have successfully completed the HIV Medicine Competency Maintenance Examination administered by the American Academy of HIV Medicine.

Practitioner Signature: _____ License Number _____ Expiration Date _____

Name of Practitioner (please print) _____

Office Address: _____

Office Telephone: _____ Office Fax _____

EXHIBIT A-3.A
DESCRIPTION OF SERVICES
SPECIALTY CARE SERVICES
HEALTHY WAY LA HEALTH CARE INITIATIVE
MATCHED AND UNMATCHED PROGRAMS
ALL COMMUNITY PARTNERS

1. Specialty Care Services: Community Partner shall provide outpatient specialty care services to Eligible Unmatched and/or Matched Program Patients which services include, but are not limited to, office visits and procedures, outpatient surgery, or consultations. Services also shall include support services, charting to medical records, and administrative management. For purposes of this Agreement, specialty care services are limited to those services identified in Attachment I, "SCOPE OF SERVICES- SPECIALTY CARE", attached hereto and incorporated herein by reference. All specialty services provided will be within the scope of the physician specialist's licensure and will be identified for billing purposes by the appropriate Current Procedural Terminology ("CPT") code(s) as defined in the latest publication of the American Medical Association.

Community Partner shall ensure that all medically appropriate primary care services (including ancillaries) have been provided for the patient's medical condition before initiating specialty care under this Agreement.

Community Partner shall also be responsible for prescribing and providing medically indicated pharmaceutical services or supplies, prescription medications, and over-the-counter medications required in conjunction with the specialty care services. Notwithstanding the foregoing, Community Partner shall be permitted to provide a medication refill or to dispense a medication and to be reimbursed for that service as part of the Scope of Services – Specialty Care.

2. Additional Community Partner Obligations under the Matched Program:

A. Community Partner shall provide or make available specialty care services to Eligible Matched Program Patients, either on site or through referral to an outside specialist, including a County facility. Additionally, all specialists shall be Board certified or a Board candidate. As of November 1, 2011, if Community Partner accesses specialty care providers pursuant to the CHAIN Program operated by AIDS Healthcare Foundation under the County's HIV/AIDS Outpatient Medical Services Agreement, Number 209007-15, or any successor agreement thereto, which agreement is administered by the Los Angeles County Department of Public Health, through its Division of HIV and STD Programs ("DPH"), Community Partner may continue to access such specialty care services on condition that Community Partner satisfies all other terms and conditions set forth in this Paragraph 2 and as otherwise set forth in Agreement as to specialty care.

B. At no time may Community Partner cease services to Eligible Matched Program Patients with chronic illnesses or significant illnesses that require at least one additional visit to ensure that treatment is no longer necessary.

C. Specialty care access will be provided at a minimum within thirty (30) business day of the Eligible Matched Program Patient's request either directly through Community Partner or through a referral to an outside specialist, including a County Facility.

D. Prior to the referral of an Eligible Matched Program Patient to a County Facility for specialty care, Community Partner shall ensure that the patient

completes an Ability-to Pay application according to the process set forth in Exhibit B-1.A.

E. For all Eligible Matched Program Patients who receive Specialty Care, Community Partner shall report to DHS on a quarterly basis those data elements as either DHS or the State of California or both require. County shall notify Community Partner of the data required to be provided through the PIN process. County shall update the data elements to be reported hereunder through the PIN process.

3. Workplan: Community Partner shall follow that portion of Community Partner's Workplan, as it pertains to Specialty Care, which Workplan is attached as Attachment II to Exhibit A-1.A or A-2.A, as applicable, and which Attachment is incorporated herein by reference.

4. Community Partner's Operations: Community Partner shall adhere to the requirements set forth in Exhibit A-1.A or A-2.A, as applicable, Paragraph 7, Community Partner's Operations, which requirements are incorporated herein by reference.

5. Patient Eligibility: Community Partner shall verify and document patient eligibility for services under this Agreement in accordance the process set forth in Exhibit B-1.A. Verification of patient's Los Angeles County residency, income and insurance status must be documented in the patient's medical record through the inclusion of all documentation specified in Exhibit B-1.A. Such documentation must be maintained in accordance with the RECORDS AND AUDITS Paragraph of the ADDITIONAL PROVISIONS. Eligible Unmatched Program Patients receiving public health related services are exempt from the Los Angeles County residency verification process.

6. Credentialing and Community Partner's Physicians: Community Partner shall provide to Director a signed and dated Physician Self Verification Form, Attachment II, attached hereto and incorporated herein by reference, for each physician providing services under this Agreement, which shall be submitted to Director within sixty (60) calendar days of the effective date of this Agreement and within thirty (30) calendar days of notification to Director that Community Partner is adding a physician.

As set forth in the PERSONNEL Paragraph of the ADDITIONAL PROVISIONS, Community Partner shall maintain a provider credentialing process, which adheres to the established health care industry credentialing standards and guidelines.

Community Partner is required to credential and re-credential its physicians and other medical health care professionals. Community Partner is responsible for and agrees that all physicians and other medical health care professionals are credentialed during the term of this Agreement. Community Partner's credentialing program shall include, but not be limited to, requirements from one of the following credentialing bodies: (1) State requirements for licensed Community Clinics; (2) National Committee for Quality Assurance ("NCQA"); (3) Joint Commission on Accreditation of Healthcare Organizations ("JCAHO"); and (4) any other credentialing body approved by Director.

In the event a service provider is not credentialed under Community Partner's credentialing program, Community Partner may accept and have on file documentation that the service provider has been credentialed by another responsible provider group or hospital acceptable to Director. Community Partner is responsible and shall bear the costs for credentialing its service providers.

Community Partner's credentialing program will include policies and procedures related to clinical credentialing which will include disciplinary actions and an appeal process to a practitioner impacted by adverse determination(s). Community Partner's credentialing program will implement a system for the reporting of deficiencies to appropriate authorities which may result in suspension or termination of a practitioner. Community Partner may not add any new physicians without prior written notice to Director and appropriate credentialing of these physicians. Community Partner must also provide written notice to Director of any physician that is no longer available to provide services under this Agreement within thirty (30) calendar days of the change.

7. Patient Care

A. Specialty Services: Community Partner shall provide outpatient specialty care services which include, but are not necessarily limited to, office visits and procedures, outpatient surgery, or consultations. Services include support services, charting to medical records, and administrative management. For purposes of this Agreement, specialty care services are limited to the services identified in Attachment I, "SCOPE OF SERVICES-SPECIALTY CARE".

Specialty care services delivered to Eligible Unmatched Program and/or Matched Program Patients shall follow evidence-based guidelines as appropriate to a patient's medical condition. County shall provide Community Partner with Clinical Guidelines for some of the more common medical conditions or disease entities as determined by County, and as those Guidelines are established by organizations including the Agency for Healthcare Quality and Research, National Quality Forum, U.S. Preventive Services Task Force, and Centers for Disease Control and

Prevention. The Guidelines shall be issued by County to Community Partner via the PIN process. As part of that process, Community Partner shall be afforded the opportunity to comment for a period of time to be established in the PIN. After all Community Partners have been afforded the opportunity to provide such input, the Guidelines shall be deemed acceptable by all Community Partners and shall be used when care is rendered as set forth herein. County shall audit Community Partner's provision of health care using these Guidelines during annual quality site reviews. Any changes or modifications to the Guidelines shall occur through the PIN process.

B. Pharmacy: Community Partner shall also be responsible for prescribing and providing medically indicated pharmaceutical services or supplies, prescription medications, and over-the-counter medications required in conjunction with the specialty care services. Community Partner shall be reimbursed for the provision of medically indicated pharmaceuticals pursuant to the rates and process set forth in Exhibit C-1.A, Exhibit C-2.A and/or Exhibit C-3.A. Community Partner must use the Approved DHS Drug Formulary for the HWLA Initiative, which shall be provided to Community Partner prior to the commencement of services under this Agreement by way of the Provider Information Notice, which process is described hereunder. Community Partner may prescribe drugs beyond what is listed in the formulary upon prior authorization from DHS, which process shall be set forth in the Formulary, as well as prescribe therapeutic equivalent (generic) drugs, with some exceptions as shall be provided to Community Partner in the Formulary. Community Partner may also counsel patients on non-prescription therapeutic interventions

whenever feasible, for example exercise, weight loss, and smoking cessation. Community Partner shall participate in all Patient Assistance Programs (PAPs) provided by individual pharmaceutical companies. The foregoing obligation shall not apply to those pharmaceuticals specifically identified in the Formulary as "PAP Not Required" or such other terminology as DHS may choose to employ. Community Partner shall submit on behalf of all of its Eligible Unmatched and/or Matched Program Patients applications for any applicable PAP. County shall not reimburse Community Partner for the provision of any pharmaceuticals, if permitted under this Agreement, unless the Eligible Unmatched and/or Matched Program Patient's PAP application has been rejected.

8. Program Management: In accordance with Attachment I to Exhibit A-1.A or A-2.A, as applicable, Community Partner's Workplan, Community Partner must manage contract resources to ensure that there are sufficient funds over the term of this Agreement to provide same-day or walk-in services to those patients needing urgent care and provide regular, scheduled appointments for returning patients, as medically necessary and provide services to new patients.

9. Performance Measurement:

A. Baseline Measurements: Information provided in the Community Partner's approved Workplan provides baseline information for components of performance reports.

B. County Quarterly Reports: County will issue quarterly reports to Community Partner to summarize performance of individual agencies. Information on the quarterly reports will be derived from claims adjudication data.

C. Community Partner Quarterly Reports: Community Partner shall provide quarterly reports to the County, as needed, providing information on volume of clinic workload, changes in capacity, and other data that is not available to the Department except through agency self-reporting. County shall notify Community Partner of submission due dates and reporting requirements, as appropriate, via the Provider Information Notice process.

D. Data Reporting: For both Eligible Matched and Unmatched Program Patients, Community Partner shall report to DHS on a monthly basis those data elements as either DHS or the State of California or both require which will also include all diagnosis codes and relevant procedure codes. Community Partner's obligation to provide encounter data shall apply regardless of whether Community Partner has met its Maximum Obligation for the Unmatched Program in any Fiscal Year such that it no longer claims for services provided to this population pursuant to this Agreement. DHS shall notify Community Partner of the data required to be provided through the PIN process. As to Eligible Unmatched Program Patients, Community Partner's reporting obligation shall survive the cessation of funding for the provision of services in any Fiscal Year or part thereof that this Agreement is in effect. County shall update the data elements to be reported hereunder through the PIN process.

10. Performance Improvement: Community Partner shall participate in County activities to improve performance across the Matched and Unmatched Programs and across the larger HWLA Initiative. As reasonable, this may include performance meetings

with individual Community Partners, peer review meetings, and the review and development of new policies and procedures.

SCOPE OF SERVICES - SPECIALTY CARE

Community Partner may provide or arrange on an out-patient basis, for the provision of Specialty Care services listed below. All services must be rendered pursuant to the provisions of this Agreement and within the scope of the Community Partner's physicians' and other practitioners' licensure. Submission of claims for services rendered will be limited to the services within the categories listed below.

Out-Patient Medical Specialty Services:

Services include the professional component, ancillaries, support services, charting to medical records, and administrative management. Specialty services include the procedures recognized by Medi-Cal under the American Medical Association's Current Procedural Terminology ("CPT") Publication. The following are the recognized CPT codes under the Agreement:

92002	92225-92226
92004	92230
92012	92250
92014	99201-99205
92018-92020	99211-99215
92025	99241-99245
92081	99271-99275
92100	99381-99384 (By age group)
92120	99391-99394 (By age group)
92135	99432
92140	

All ICD 9 Codes will be accepted from authorized specialty providers. Community Partner's provision of medical specialty services shall be to those specialty care areas which follow:

- a) Dermatology, ENT, Gynecology, Ophthalmology, Optometry, Podiatry, Cardiology, Endocrinology, Gastroenterology, General Surgery, Hematology, Infectious Disease, Nephrology, Pulmonary, Orthopedics, Neurology, Allergy, Rheumatology, Proctology, Urology, Oncology, Pain Management, Orthopedic Surgery.

Community Partner acknowledges and agrees that any provision of additional types of specialty care services under this Agreement requires submission of a written request to the Director. County will not reimburse Community Partner for the provision of specialty care services not listed above without obtaining the Department's written approval.

SPECIALTY CARE PHYSICIAN SELF VERIFICATION FORM

Name _____
(Last) (First) (Initial) (Title - MD)

Address _____

City _____ State _____ Zip _____

Telephone (work) _____ Telephone (home) _____

National Provider Identifier _____

License No. _____ Expiration Date _____

Drug Enforcement Administration (DEA) License No. _____

Expiration Date _____

Specialty _____ Board Status _____

Hospital, PPP, HWLA, CCEP, IPA Affiliation(s):

Are you County employed? Yes _____ No _____

County contract _____

Location of Practice (address) _____

I am a subcontractor to Name _____

Address _____

Do you have any previous and/or outstanding medical malpractice claims?

Yes _____ No _____

If so, please describe: _____

Do you have any current filings under Business and Professions Code Section 805?

Yes _____ No _____

If so, please describe: _____

Do you have any National Practitioner Data Bank filings?

Yes _____ No _____

If so, please describe: _____

Do you have any previous or outstanding actions taken or pending by the California Board of Medical/Dental Examiners?

Yes _____ No _____

If so, please describe: _____

I, _____, attest that the information provided is accurate and true.

Signature

Date

EXHIBIT A-4.A
DESCRIPTION OF SERVICES
DENTAL CARE SERVICES
HEALTHY WAY LA HEALTH CARE INITIATIVE
UNMATCHED PROGRAM
ALL COMMUNITY PARTNERS

1. Dental Care Services: Community Partner shall provide outpatient dental care services for the prevention, detection, and treatment of dental problems to Eligible Unmatched Program Patients, including dental support services, charting to dental records, and administrative management. For purposes of this Agreement, dental care services and rates shall be limited to those services identified by the visit codes and procedures listed in Attachment I, "SCOPE OF SERVICES-DENTAL CODES", attached hereto and incorporated herein by reference.

Community Partner shall also be responsible for prescribing and providing medically indicated pharmaceutical services or supplies, prescription medications, and over-the-counter medications required in conjunction with the dental care services.

2. Workplan: Community Partner shall follow Community Partner's that portion of Community Partner's Workplan, as it pertains to Dental Care, which Workplan is attached as Attachment II to Exhibit A-1.A or A-2.A, as applicable, which Attachment is incorporated herein by reference. Any changes to this Workplan must have the prior written consent of the Director.

3. Community Partner's Operations: Community Partner shall adhere to the requirements set forth in Exhibit A-1.A or A-2.A, as applicable, Paragraph 7, Community Partner's Operations, which requirements are incorporated herein by reference.

4. Patient Eligibility: Community Partner shall verify and document patient eligibility for services under this Agreement in accordance the process set forth in

Exhibit B-1.A. Verification of patient's Los Angeles County residency, income and insurance status must be documented in the patient's medical record through the inclusion of all documentation specified in Exhibit B-1.A. Such documentation must be maintained in accordance with the RECORDS AND AUDITS Paragraph of the ADDITIONAL PROVISIONS. Eligible Unmatched Program Patients receiving public health related services are exempt from the Los Angeles County residency verification process.

5. Self-Verification of Community Partner's Dentists: Community Partner shall provide to Director a signed and dated Dentist's Self-Verification Form, Attachment II, attached hereto and incorporated herein by reference, for each dentist providing services under this Agreement, which shall be submitted to Director within sixty (60) calendar days of the effective date of this Agreement and within thirty (30) calendar days of notification to Director that Community Partner is adding a dentist.

Community Partner may not add any new dentists without prior written notice to Director and performing self-verification of these dentists as required under this paragraph. Community Partner must also provide written notice to Director of any dentist that is no longer available to provide services under this Agreement within thirty (30) calendar days of the change.

6. Patient Care

A. Dental Services: Community Partner shall provide outpatient dental care services for the prevention, detection, and treatment of dental problems to Eligible Unmatched Program Patients, including dental support services, charting to dental records, and administrative management. For

purposes of this Agreement, dental care services are limited to those services identified by the visit codes and procedures listed in Attachment I, "SCOPE OF SERVICES-DENTAL CODES", attached hereto and incorporated herein by reference.

B. Pharmacy: Community Partner shall also be responsible for prescribing and providing medically indicated pharmaceutical services or supplies, prescription medications, and over-the-counter medications required in conjunction with the dental care services. Community Partner shall be reimbursed for the provision of medically indicated pharmaceuticals pursuant to the rates and process set forth in Exhibit C-1.A, Unmatched Program Funding, Billing and Reimbursement. Community Partner must use the Approved DHS Drug Formulary for the HWLA Initiative, which shall be provided to Community Partner prior to the commencement of services under this Agreement by way of the Provider Information Notice, which process is described hereunder. Community Partner may prescribe drugs beyond what is listed in the Formulary upon prior authorization from DHS, which process shall be set forth in the Formulary, as well as prescribe therapeutic equivalent (generic) drugs, with some exceptions as shall be provided to Community Partner in the Formulary. Community Partner may also counsel patients on non-prescription therapeutic interventions whenever feasible, for example exercise, weight loss, and smoking cessation. Community Partner shall participate in all Patient Assistance Programs (PAPs) provided by individual pharmaceutical companies. The foregoing obligation shall not apply to those pharmaceuticals specifically identified in the Formulary as "PAP Not Required" or such other terminology as DHS may choose to employ. Community Partner shall submit on behalf of all of its Eligible Unmatched

Program Patients applications for any applicable PAP. County shall not reimburse Community Partner for the provision of any pharmaceuticals, if permitted under this Agreement, unless the Eligible Unmatched Program Patient's PAP application has been rejected.

7. Program Management: In accordance with Attachment I to Exhibit A-1.A or A-2.A, as applicable, Community Partner's Workplan, Community Partner must manage contract resources to ensure that there are sufficient funds over the term of this Agreement to:

A. Provide continuous care, as medically appropriate, by providers at the Community Partner's site(s). Medically necessary follow-up care and medications must be provided without charge to the patient as long as he/she meets the Unmatched Program financial eligibility criteria.

B. Provide same-day or next-day appointments or walk-in services to those patients who should be seen within 48 hours, and regular scheduled appointments for returning patients, as medically necessary.

8. Performance Measurement:

A. Baseline Measurements: Information provided in the Community Partner's approved Workplan provides baseline information for components of performance reports.

B. County Quarterly Reports: The County will issue quarterly reports to Community Partner to summarize performance of individual agencies, and comparisons to Community Partners similar in size and organization, and to Unmatched Program providers across the entire system. Information on the

quarterly reports will be derived from claims adjudication data, Community Partner's quarterly reports, annual monitoring/audit reports, and other sources.

C. Community Partner's Quarterly Reports: Community Partner shall provide quarterly reports to the County, as needed, providing information on volume of clinic workload, changes in capacity, and other data that is not available to the Department except through agency self-reporting. County shall notify Community Partner of submission due dates and reporting requirements, as appropriate, via the Provider Information Notice process.

9. Performance Improvement: Community Partner shall participate in County activities to improve performance across the Unmatched Program, and across the larger HWLA Initiative. As reasonable, this may include performance meetings with individual Community Partners, peer review meetings, and the review and development of new policies and procedures.

LOS ANGELES COUNTY – DEPARTMENT OF HEALTH SERVICES
DIVISION OF AMBULATORY CARE
SCOPES OF SERVICE - DENTAL CODES

CDT-4	DESCRIPTION	RATE
D0120	Periodic oral evaluation	\$15
D0150	Comprehensive oral evaluation-new or established patient	\$25
D0210	Intraoral-complete series (including bitewings)	\$40
D0220	Intraoral-periapical first film	\$10
D0230	Intraoral-periapical each additional film	\$3
D0240	Intraoral-occlusal film	\$10
D0250	Extraoral-first film	\$22
D0260	Extraoral-each additional film	\$5
D0270	Bitewing-single film	\$5
D0272	Bitewings-two films	\$10
D0274	Bitewings-four films	\$18
D0330	Panoramic film	\$25
D0350	Oral/Facial images (including intra and extraoral images)	\$6
D0999	Unspecified diagnostic procedure, by report	\$46
D1110	Prophylaxis-adult (age 13 & Over)	\$40
D1120	Prophylaxis-child (child to age 12)	\$30
D1201	Topical application of fluoride (including prophylaxis)-child (child to age 5)	\$35
D1203	Topical application of fluoride (prophylaxis not included)-child (child to age 5)	\$18
D1203	Topical application of fluoride (prophylaxis not included)-child (age 6 to 18)	\$8
D1204	Topical application of fluoride (prophylaxis not included)-adult (age 19 & over)	\$6
D1205	Topical application of fluoride (including prophylaxis)-adult (age 6 thru 17)	\$40
D1351	Sealant-per tooth	\$22
D1510	Space maintainer - fixed unilateral	\$120
D1515	Space Maintainer - fixed bilateral	\$200
D1520	Space Maintainer - removable unilateral	\$230
D1525	Space maintainer - removable - bilateral	\$230
D2140	Amalgam-one surface, primary or permanent	\$39
D2150	Amalgam-two surfaces, primary or permanent	\$48
D2160	Amalgam-three surfaces, primary or permanent	\$57
D2161	Amalgam-four or more surfaces, primary or permanent	\$60
D2330	Resin-based composite-one surface, anterior	\$55
D2331	Resin-based composite-two surface, anterior	\$60
D2332	Resin-based composite-three surface, anterior	\$65
D2335	Resin-based composist-four or more surfaces or involving incisal angle-anterior	\$85
D2391	Resin-based composite, one surface, posterior	\$39
D2392	Resin-based composite,two surfaces, posterior	\$48
D2393	Resin-based composite, three surfaces, posterior	\$57
D2394	Resin-based composite, four or more surfaces, posterior	\$60
D2710	Crown-resin (indirect)	\$150
D2721	Crown-resin with predominantly base metal	\$220
D2740	Crown-porcelain/ceramic substrate	\$340
D2751	Crown-porcelain fused to predominantly base metal	\$340
D2781	Crown-3/4 cast predominantly base metal	\$340
D2791	Crown-full cast predominately base metal	\$340
D2910	Recement inlay	\$30

LOS ANGELES COUNTY – DEPARTMENT OF HEALTH SERVICES
DIVISION OF AMBULATORY CARE
SCOPES OF SERVICE - DENTAL CODES

CDT-4	DESCRIPTION	RATE
D2920	Recement crown	\$30
D2930	Prefabricated stainless steel crown-primary tooth	\$75
D2931	Prefabricated stainless steel crown-permanent tooth	\$90
D2951	Pin retention-per tooth, in addition to restoration	\$80
D2952	Cast post and core in addition to crown	\$75
D3220	Therapeutic pulpotomy (excluding final restoration)-removal of pulp coronal to the dentinocemental junction, application of medicament	\$71
D3221	Pulpal debridement. primary and permanent teeth	\$45
D3230	Pulpal therapy (resorbable filling)-anterior, primary tooth (excluding final restoration)	\$71
D3240	Pulpal therapy (resorbable filling)-posterior, primary tooth (excluding final restoration)	\$71
D3310	Anterior (excluding final restoration)	\$216
D3320	Bicuspid (excluding final restoration)	\$261
D3330	Molar (excluding final restoration)	\$331
D3351	Apexification/Recalcification-initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$100
D3352	Apexification/Recalcification-interim medication placement (apical closure/calcific repair of perforations, root resorption, etc.)	\$100
D3410	Apicoectomy/Periradicular surgery-anterior	\$100
D3421	Apicoectomy/Periradicular surgery-bicuspid (first root)	\$100
D3425	Apicoectomy/Periradicular surgery-molar (first root)	\$100
D3426	Apicoectomy/Periradicular surgery-molar (each additional root)	\$100
D4341	Periodontal scaling & root planing-4 or >contiguous teeth or bounded teeth spaces per quad	\$50
D4342	Periodontal scaling & root planing-1 to 3 teeth per quadrant	\$30
D4999	Unspecified periodontal procedure, by report	\$55
D5110	Complete denture-maxillary	\$450
D5120	Complete denture-mandibular	\$450
D5211	Maxillary partial denture-resin base (including any conventional clasps, rests and teeth)	\$250
D5212	Mandibular partial denture-resin base (including any conventional clasps, rests and teeth)	\$250
D5212	Mandibular partial denture-resin base (including any conventional clasps, rests and teeth)	\$250
D5213	Maxillary partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$470
D5214	Mandibular partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$470
D5410	Adjust complete denture-maxillary	\$25
D5411	Adjust complete denture-mandibular	\$25
D5421	Adjust partial denture-maxillary	\$25
D5422	Adjust partial denture-mandibular	\$25
D5510	Repair broken complete denture base	\$50
D5520	Replace missing or broken teeth-complete denture (each tooth)	\$50
D5610	Repair resin denture base	\$60
D5630	Repair or replace broken clasp	\$100
D5630	Repair or replace broken clasp	\$100
D5640	Replace broken teeth-per tooth	\$50
D5650	Add tooth to existing partial denture	\$60
D5660	Add clasp to existing partial denture	\$100

LOS ANGELES COUNTY – DEPARTMENT OF HEALTH SERVICES
DIVISION OF AMBULATORY CARE
SCOPES OF SERVICE - DENTAL CODES

CDT-4	DESCRIPTION	RATE
D5730	Reline complete maxillary denture (chairside)	\$70
D5731	Reline complete mandibular denture (chairside)	\$70
D5740	Reline maxillary partial denture (chairside)	\$70
D5741	Reline mandibular partial denture (chairside)	\$70
D5750	Reline complete maxillary denture (laboratory)	\$140
D5751	Reline complete mandibular denture (laboratory)	\$140
D5760	Reline maxillary partial denture (laboratory)	\$140
D5761	Reline mandibular partial denture (laboratory)	\$140
D5850	Tissue conditioning, maxillary	\$50
D5851	Tissue conditioning, mandibular	\$50
D5899	Unspecified removable prothodontic procedure, by report	\$150
D6211	Pontic-cast predominantly base metal	\$325
D6241	Pontic-porcelain fused to predominant metal	\$325
D6245	Pontic-porcelain/ceramic	\$325
D6251	Pontic-Resin with predominantly base metal	\$325
D6930	Recement fixed partial denture	\$50
D6970	Cast post and core in addition to fixed partial denture retainer	\$75
D6980	Fixed partial denture repair, fixed	\$75
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$41
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$85
D7220	Removal of impacted tooth-soft tissue	\$100
D7230	Removal of impacted tooth-partially bony	\$135
D7240	Removal of impacted tooth-completely bony	\$165
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$100
D7285	Biopsy of oral tissue-hard (bone, tooth)	\$100
D7286	Biopsy of oral tissue-soft(all others)	\$30
D7510	Incision and drainage of abscess-intraoral soft tissue	\$50
D9110	Palliative (emergency) treatment of dental pain-minor procedure	\$45
D9220	Deep Sedation/general anesthesia-first 30 minutes	\$127
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$25
D9430	Office visit for observation (during regularly scheduled hours)-no other services performed	\$20
D9440	Office visit-after regularly scheduled hours	\$20
D9610	Therapeutic drug injection, by report	\$15
D9930	Treatment of complications (post-op)-unusual circumstances, by report	\$15

DENTIST'S SELF VERIFICATION FORM

Name _____
(Last) (First) (Initial) (Title - MD)

Address _____

City _____ State _____ Zip _____

Telephone (work) _____ Telephone (home) _____

National Provide Identifier _____

License No. _____ Expiration Date _____

Drug Enforcement Administration (DEA) License No. _____

Expiration Date _____

Specialty _____ Board Status _____

Hospital, Unmatched Program, IPA Affiliation(s):

Are you County employed? Yes _____ No _____

County contract _____

Location of Practice (address) _____

I am a subcontractor to Name _____

Address _____

Do you have any previous and/or outstanding medical malpractice claims?

Yes _____ No _____

EXHIBIT A-4 - ATTACHMENT II

Page 2 of 2

If so, please describe: _____

Do you have any current filings under Business and Professions Code Section 805?

Yes _____ No _____

If so, please describe: _____

Do you have any National Practitioner Data Bank filings?

Yes _____ No _____

If so, please describe: _____

Do you have any previous or outstanding actions taken or pending by the California Board of Dental Examiners?

Yes _____ No _____

If so, please describe: _____

I, _____, attest that the information provided is accurate and true.

Signature

Date

EXHIBIT B-1.A
PATIENT ELIGIBILITY AND ENROLLMENT
HEALTHY WAY LA HEALTH CARE INITIATIVE
MATCHED AND UNMATCHED PROGRAMS
ALL COMMUNITY PARTNERS

1. PROGRAM OF LAST RESORT: The parties acknowledge that the fundamental tenet of the HWLA Initiative is that no patient eligible for either the Matched or the Unmatched Program shall be turned away, barred, or delayed in receiving services based on the patient's payor status or inability to pay for health care services.

Notwithstanding the foregoing, the parties also acknowledge that the HWLA Initiative Unmatched Program is a "program of last resort" for patients seeking health care. It is intended to provide access to care only for those patients who lack third-party coverage for health care. Accordingly, Community Partner shall not enroll any patient in the Unmatched Program if that patient has, or qualifies for, third-party coverage.

For purposes of this Agreement, "third-party coverage" includes, but is not limited to, Medicare, Medi-Cal, Denti-Cal, Healthy Families, Healthy Kids, Children's Health and Disability Prevention Program, Children's Health Insurance Program, or other types of public and private health programs. Private health insurance or health maintenance organization or prepaid health plan coverage shall also be considered third-party coverage. Services or supplies billable to third-parties and reimbursable by such third-parties in whole or in part shall not be billed to County under the Unmatched Program.

Community Partner shall be required to screen and refer to appropriate Community Partner staff or to local health programs, or both, as necessary, all patients seeking services under the Unmatched Program who may be potentially eligible for Medi-Cal, Denti-Cal, Healthy Families, Healthy Kids, Children's Health and Disability Prevention Program,

Children's Health Insurance Program or other types of public and private health programs. Appropriate referral contact information for local health programs shall be provided to Community Partner by Director upon execution of this Agreement via the PIN process.

2. PROGRAM ELIGIBILITY: Only those patients who meet the following eligibility requirements shall be considered Eligible Matched and/or Unmatched Program Patients and therefore eligible for reimbursement under this Agreement.

A. Unmatched Program: A patient shall be eligible for the Unmatched Program only after Community Partner has screened that patient for third-party coverage, as defined in Paragraph 1, and for the Matched Program, as set forth in Paragraph 2B. Community Partner shall enroll a minor age eighteen (18) and under only after the minor has been screened for third-party coverage and such coverage has been denied.

For purposes of this Agreement, an Eligible Unmatched Program Patient for whom Community Partner may be reimbursed hereunder is defined as an individual (1) whose total net family income is at or below 133% of the Federal Poverty Level ("FPL"); (2) who does not have third-party payor coverage for the services; (3) who meets County of Los Angeles residency requirements described in Paragraph 4 of this Exhibit; and (4) who has been screened and deemed ineligible for the Matched Program.

By definition, Eligible Unmatched Program Patients shall also include patients who are: (1) General Relief ("GR") recipients of County who are not eligible for the Matched Program; (2) as to the Unmatched Program Dental Care Services component, patients formerly receiving benefits from the State of California's Denti-

Cal Program for whom benefits from that program have ceased as a result of action by the State of California; (3) as to the Unmatched Program Dental Care Services component, patients who, at the time of dental service, are Medi-Cal beneficiaries but who are not Denti-Cal Program beneficiaries; and, (4) patients enrolled in the Matched Program for whom eligibility under that program has ceased or terminated and who are eligible for the Unmatched Program pursuant to this Paragraph 2.

Community Partner shall redetermine an Eligible Unmatched Program Patient's eligibility for the program at least every twelve (12) months from the date of the Eligible Unmatched Program Patient's first eligibility determination. Community Partner shall ensure that each Unmatched Program Patient's redetermination includes a screening for the enrollee's eligibility for third-party coverage. Any patient eligible for third-party coverage shall be ineligible for the Unmatched Program.

B. Matched Program: A patient shall be eligible for the Matched program only after Community Partner has screened that patient for Medi-Cal and the State Children's Health Insurance Program ("CHIP").

For purposes of this Agreement, an Eligible Matched Program Patient shall be an adult, age nineteen (19) through sixty-four (64), who is not pregnant and whose family income is at or below 133% of FPL. To be eligible, the patient also must (1) meet the County of Los Angeles residency requirements set forth in Paragraph 4 of this Exhibit; and (2) provide documentation in accordance with requirements established by the State pursuant to an All County Welfare Director's Letter on the Deficit Reduction Act, which documentation shall be described in the

HWLA Health Care Initiative Matched Program Protocol, to be provided to Community Partner by County prior to the inception of service hereunder.

Community Partner shall redetermine an Eligible Matched Program Patient's eligibility for the program at least every twelve (12) months from the date of the Eligible Matched Program Patient's first eligibility determination. Community Partner shall ensure that each Matched Program Patient's redetermination includes a reassessment of the enrollee's eligibility for third-party coverage. Any patient eligible for Medi-Cal and/or CHIP shall be ineligible for the Matched Program and shall be disenrolled.

County shall have the ability to reduce the income limit for new applicants to the Matched Program. The lowering of income limit will occur if the County determines that funding will not be sufficient to continue to enroll new applicants under the previous income limit. County shall notify Community Partner of any modification to the income limit through the PIN process.

3. ABILITY-TO-PAY APPLICATION PROCESS: Community Partner shall obtain, for all patients seeking services under this Agreement, an Ability-to-Pay ("ATP") Application, attached hereto and incorporated herein by reference as Attachment I, as it currently exists or hereafter may be amended.

Notwithstanding the foregoing, as to the Unmatched Program only, for the period beginning July 1, 2011, and ending no later than September 30, 2012, Community Partner shall be permitted to honor, and County shall accept, an existing Eligible Unmatched Program Patient's Certification of Indigency ("COI"), Outpatient Reduced-Cost Simplified Application ("ORSA"), or a Uniform Method of Determining Ability to Pay ("UMDAP") as

proof of eligibility for the Unmatched Program. During this period, Community Partner shall use its best efforts to obtain for all existing Eligible Unmatched Program Patients an ATP application but shall not be required to do so. The current completed, signed, and dated COI, ORSA or UMDAP shall at all times be physically located in the Eligible Unmatched Program Patient's medical or dental record as appropriate and applicable.

Community Partner shall be notified a minimum of thirty (30) days in advance of any changes to the ATP Application, and of the date of availability of the revised ATP Application, through the PIN process. The revised ATP Application shall be available to Community Partner on the Division of Ambulatory Care's website on the date specified in the PIN. Effective with any change(s) to the ATP Application, Community Partner shall be responsible for ensuring that all appropriate staff are fully advised of said change(s) and shall use the revised ATP Application. Each revised ATP Application shall reflect the date of revision by the County.

Patients or their lawful representatives shall be required to complete an ATP Application for the initial visit and at least every twelve (12) months thereafter, unless the patient's Los Angeles County residency, family size and/or financial circumstances change(s) or unless the patient currently is receiving GR. Community Partner shall inquire at each visit whether there has been any change in Los Angeles County residency, family size, GR status or financial circumstances since the last visit and document such in chart. In the event of any such change, an updated ATP Application shall be immediately completed. Except for those patients currently receiving GR, all patients shall be required to complete the ATP Application.

As to patients enrolling in the Unmatched Program after disenrollment from the Matched Program, County shall accept eligibility documents on file for the Matched Program for purposes of Unmatched Program eligibility.

Community Partner shall be responsible to ensure that the ATP Application is complete and valid and to provide services only to Eligible Unmatched and Matched Program Patients. All prior and current completed, signed, and dated ATP Applications shall at all times be physically located in the Eligible Unmatched or Matched Program Patient's medical or dental record as appropriate and applicable.

In the event that Community Partner maintains an electronic medical record, Community Partner may scan the completed, signed, and dated ATP Application into the Eligible Unmatched or Matched Program Patient's medical or dental record, as appropriate. Community Partner shall assure that the original completed, signed and dated ATP Application is maintained in accordance with the RECORDS AND AUDITS Paragraph of the ADDITIONAL PROVISIONS. Community Partner may maintain the original completed, signed and dated ATP Application separate from the electronic medical record.

To the extent the FPL is revised by Department of Health and Human Services, County's DHS shall notify Community Partner within five (5) business days of notice to DHS from the Department of Public Social Services. Notice to Community Partner shall occur through the PIN process.

4. COUNTY OF LOS ANGELES RESIDENCY REQUIREMENTS:

A. To be eligible for HWLA Initiative services, patients must provide proof of residency in the County of Los Angeles upon their initial visit and upon each visit when the ATP Application is updated, which is to be at least every twelve (12)

months after the first visit date and whenever the patient's family size, GR status, and financial circumstances change, as further set forth in Paragraph 3 of this Exhibit.

Community Partner shall be responsible for assuring that the ATP Application reflects the provision by the patient of proper residency and address verification, as set forth by the means described in this Paragraph 4, prior to the furnishing of health care services.

The following documents shall constitute acceptable proof of County of Los Angeles residency and address in order of preference: (1) valid California Driver's license; (2) valid Department of Motor Vehicles Identification Card; (3) government-issued identification card, including but not limited to the Matricula Consular, with patient's or legally responsible relative's picture and address; (4) school identification; (5) GR identification; (6) utility bill dated within sixty (60) days of the date presented; (7) any mailing addressed to the patient and canceled by the U.S. Post Office dated within sixty (60) days of the date presented; or, (8) rent receipt or letter from provider verifying in-kind residential address dated within sixty (60) days of the date presented.

B. Those patients who are "homeless" shall qualify for services under this Agreement by signing the "Affidavit of Residency" attached hereto and incorporated herein by this reference as Attachment II. For purposes of this Agreement, "homeless" patients shall include those who are: (1) residing in Los Angeles County without an address; (2) living in shelters; (3) living in the home of another; or (4) residing in rural areas without postal services. Community Partner shall place a

completed Affidavit of Residency in the patient's medical record, as an attachment to the ATP Application, as proof of residency for all homeless patients.

C. Patients who do not meet the requirements of this Paragraph 4 are ineligible for services and shall not be billable under this Agreement.

D. Notwithstanding the foregoing, patients who meet the income requirements of the Unmatched Program, but live outside Los Angeles County, shall be eligible for public health services under this Agreement in accordance with County policy. County shall provide a detailed description of this policy and the appropriate implementation of the policy under this Agreement through a PIN.

5. ENROLLMENT INTO THE MATCHED PROGRAM: Only Eligible Matched Program Patients, as defined in Paragraph 2B, may be "enrolled" into the Matched Program. Community Partner shall be responsible for obtaining all necessary enrollment information and documentation for Eligible Matched Program Patients.

For purposes of this Agreement, "enrollment" in the HWLA Matched Program is established once County determines that the patient meets all eligibility requirements set forth above. Community Partner shall obtain from the patient and transmit to County: (a) a signed and dated Attestation Form, attached hereto and incorporated herein by this reference as Attachment III; (b) verification of patient's U.S. citizenship or five (5) years legal residency within sixty (60) days of County's written request in the event that County is unable to verify the patient's U.S. citizenship or legal residency ; (c) verification of Los Angeles County residency; and (d) income verification.

For the period July 1, 2012, through no later than September 30, 2012, Community Partner shall be reimbursed at the payment rate set forth in Exhibit C-2.A or C-3.A, as

applicable, for patients providing an Attestation Form. County shall deem those patients presumptively enrolled in the HWLA Matched Program. In the event that County is unable to verify the patient's Attestation Form, , the patient will be disenrolled from the Matched Program and deemed Unmatched. Community Partner thereafter shall be reimbursed for services to that patient in accordance with the process set forth in Exhibit C-1.A.

All documents obtained shall constitute the patient's "enrollment package" and shall be transmitted in accordance with the HWLA Health Care Initiative Matched Program Protocol ("Protocol"), which Protocol shall be provided to Community Partner by County prior to the inception of service hereunder and which shall be updated by County through the PIN process.

Community Partner shall submit the enrollment package to County electronically. Electronic submission of documents shall occur when County receives the complete enrollment package. A patient shall not be considered enrolled until Community Partner provides the enrollment package to County and County makes the eligibility determination.

An Eligible Matched Program Patient shall not be enrolled into the Matched Program unless and until Community Partner completes the enrollment package, transmits that package to the County and the County verifies all eligibility and enrollment information. County shall not be obligated to reimburse Community Partner for services provided to any Eligible Matched Program Patient in the absence of any of the required documentation or in the absence of Community Partner completing all enrollment requirements.

Notwithstanding the foregoing, for the period of time between the completion of the ATP application and County's eligibility and enrollment determination, the patient shall be considered "Matched Program Pending" with the exception of those patients subject to the

attestation and verification process, set forth above, who are deemed presumptively enrolled in the HWLA Matched Program. Community Partner shall be permitted to provide services to a Matched Program Pending patient, and be reimbursed for the provision of services to that patient, in accordance with the rates and process set forth in Exhibit C-2.A or C-3.A as applicable.

6. DISENROLLMENT FROM THE MATCHED PROGRAM: An Eligible Matched Program Patient shall be disenrolled from the Matched Program upon the occurrence of any of the following: (a) the patient ceases to be a resident of the County of Los Angeles; (b) the patient does not renew membership within twelve (12) months of being enrolled; (c) the patient turns sixty-five (65); (d) the patient's income exceeds the limit set forth in Paragraph 2; or (e) the patient is eligible for third-party coverage. Upon notice of any of the preceding events, Community Partner shall notify the County immediately using the process specified in the Protocol. County thereafter shall be responsible for disenrolling the patient from the Matched Program and notifying the patient of the disenrollment.

7. COMMUNITY PARTNER'S FAILURE TO MEET ACCESS STANDARDS: In the event that Community Partner, in County's sole discretion, fails to meet the access requirements for the Matched Program, as set forth in Exhibit A-5 of this Agreement, Community Partner shall not be permitted to enroll patients into either the Matched Program, the Unmatched Program, or both, until such time as County finds Community Partner in compliance with those access standards and notifies Community Partner, in writing, that its ability to enroll patients into the programs has been restored.

8. RECORDS AND AUDITS: Community Partner shall keep clear records of the number of Eligible Unmatched and Matched Program Patients served hereunder, including

the service(s) provided. Community Partner shall record such information on a regular basis and retain same in accordance with the RECORDS AND AUDITS Paragraph, subparagraph "A", Records of Services Rendered, in the ADDITIONAL PROVISIONS, so that if requested, Community Partner will be able to provide such information for the duration of Agreement and for a period of five (5) years following the termination or expiration of this Agreement. Community Partner shall provide reports of such information to Director, upon request, in accordance with the REPORTS Paragraph, also set forth in the ADDITIONAL PROVISIONS to this Agreement.

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
COMMUNITY PARTNERS
ABILITY-TO-PAY PLAN APPLICATION

Name of Facility Taking this Application: _____

Patient Name _____ MRUN# _____ Account # _____ Visit Date _____

Family Member in Home Name	Birthdate Month Day Year	Birthplace	Employed Yes / No	Social Security No.
1 (Adult)				
2 (Adult)				
3				
4				
5				
6				

Address: _____ Telephone No.: _____
 Number/Street City State Zip

Los Angeles County Resident Yes or No

Income Evaluation:

Earned Income _____ - _____ (standard deduction)* = _____ Family Size _____
 + Unearned _____
 - Monthly Deductions _____
 = Total Adjusted Net Monthly _____ Is patient at or below 133% FPL
 Yes or No

*Standard deduction = \$90 x number of employed persons.

It has been preliminarily determined that Total Adjusted Net Monthly Income is at or below 133% of the Federal Poverty Level. Therefore, subject to verification of the income and deductions stated above, or waiver of such verification by the County, all outpatient services received by the patient covered by this Application from _____ through _____ are with zero liability. If the patient is enrolled in the Healthy Way LA (HWLA) Matched Program, he/she may also receive additional services for this period with zero liability.

HWLA Matched - Check here if patient is applying for HWLA Matched.

I/we understand and agree that membership in HWLA Matched Program shall be governed by the rules which govern that program and I/we shall fully cooperate with the County in accordance with the HWLA Matched Program rules.

If the patient gets or loses insurance, or if his or her family size or income changes, I/we promise to immediately report that fact to the facility where this Application was completed. I/we further agree that if I/we have any other change in financial circumstances, including but not limited to the patient, or patient's heirs or personal representative(s), receipt of damages recovered as a result of patient's

injury by accident, negligence, or wrongful act, I/we will notify the facility where this Application was completed.

Pursuant to Section 360.5 of the California Code of Civil Procedure, which allows written waivers related to actions for the repayment of County aid, I/we agree that all statutes of limitation upon all debts related to the health care services covered by this Application are hereby waived. This Application shall not in any way diminish or defeat the County's rights which may exist under California Government Code sections 23004.1 and 23004.2, or the Hospital Lien Act, or any other applicable laws to recover reimbursement from any responsible third-parties, including tortfeasors, the reasonable charges for health care services provided to the patient.

HWLA UNMATCHED–Check here if patient does not qualify for HWLA Matched at this time.

I/we understand and agree that this Application is made as part of the County's HWLA Unmatched Program which helps low income individuals pay for medical care.

If the patient gets or loses insurance, or if his or her family size or income changes, I/we promise to immediately report that fact to the facility where this Application was completed. I/we further agree that if I/we have any other change in financial circumstances, including but not limited to an increase in the guarantor's income, or the patient, or patient's heirs or personal representative(s) receipt of damages recovered as a result of patient's injury by accident, negligence, or wrongful act, I/we will notify the facility where this Application was completed. This Application may, at the election of the County of Los Angeles, be terminated.

Pursuant to Section 360.5 of the California Code of Civil Procedure, which allows written waivers related to actions for the repayment of County aid, I/we agree that all statutes of limitation upon all debts related to the health care services covered by this Application are hereby waived. This Application shall not in any way diminish or defeat the County's rights which may exist under California Government Code sections 23004.1 and 23004.2, or the Hospital Lien Act, or any other applicable laws, to recover reimbursement from any responsible third-parties, including tortfeasors, the reasonable charges for health care services provided to the patient.

HWLA MATCHED AND UNMATCHED

I/WE CERTIFY UNDER PENALTY OF PERJURY BY MY/OUR SIGNATURE(S) THAT THE INFORMATION I/WE HAVE PROVIDED AS REQUESTED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE ALSO CERTIFY BY MY/OUR SIGNATURE(S) THAT I/WE HAVE READ AND UNDERSTAND ALL THE FORGOING AND THAT I/WE AGREE TO SIGN THIS STATEMENT WITHOUT ANY RESERVATION WHATSOEVER.

Patient's Signature

Date

Interviewer Signature

Date

Responsible Relative's Signature

Date

**COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
HEALTHY WAY LA HEALTH CARE INITIATIVE**

AFFIDAVIT OF RESIDENCY

Patient: _____ Facility Name: _____

Medical Record No.: _____ Service Date: _____

I am a resident of the County of Los Angeles. I intend to remain in the County of Los Angeles and do not maintain a home in another state/country. I cannot provide proof of my current address. I certify through my signature that the statement given below is true and correct.

I currently live at:

Any person who signs this statement and who willfully states as true any material matter which s/he knows to be false is subject to the penalties prescribed for perjury in the penal code by the State of California Sec. 11054 of the W. & I. Code.

Signature: _____
Patient or Responsible Relative Date

Contact for medical reasons:

Name: _____

Address: _____

Telephone Number: _____

Witness Signature Telephone Number Date

EXHIBIT B-1 – ATTACHMENT III

Attestation
Healthy Way LA (HWLA) Proof of Citizenship/Residency or Identity Received

Eligibility Number _____
 (From Pre-Enrollment Letter or WebSphere)

Application Date: _____

Name of Applicant _____

Date of last COI: _____

Clinic ID#: _____

Proof of Citizenship/Residency or Identity Received

Instruction to Worker: When you receive proof of citizenship/residency or identity from a HWLA potential patient, you must fill out this form, make a photocopy of it and the proof documentation for file, return the original documents to the bearer.

CITIZENSHIP/RESIDENCY IDENTITY	
<p>Name of the original citizenship/residency document you received:</p> <p><input type="checkbox"/> US Passport - No ID Document Required</p> <p><input type="checkbox"/> US Birth Certificate</p> <p><input type="checkbox"/> Permanent Resident (Green) Card I-551 (5+years) - No ID Document Required</p> <p><input type="checkbox"/> Certificate of Naturalization N-550/N-570 - No ID Document Required</p> <p><input type="checkbox"/> Birth Record (County or State Inquiry)</p> <p><input type="checkbox"/> Other - Please specify _____</p>	<p>Name of the original identity document you received:</p> <p><input type="checkbox"/> Driver's License</p> <p><input type="checkbox"/> School Identification, with photo</p> <p><input type="checkbox"/> Military Identification</p> <p><input type="checkbox"/> Other - Please specify _____</p>
<p><input type="checkbox"/> Approved. The citizenship document you submitted is acceptable proof of citizenship. You will not have to provide proof again for the indicated person.</p> <p><input type="checkbox"/> Denied. The proof you submitted is not acceptable. You must submit another proof of citizenship. Attached is a list of acceptable proof of citizenship documents.</p>	<p><input type="checkbox"/> Approved. The identity document you submitted is acceptable proof of identity. You will not have to provide proof again for the indicated person.</p> <p><input type="checkbox"/> Denied. The identity document you submitted is not acceptable. You must submit another proof of identity. Attached is a list of acceptable proof of identity documents.</p>
All documents must be originals or copies certified by the issuing agency. Photocopies are not acceptable.	
<p><input type="checkbox"/> The indicated person has satisfied the new citizenship and identity requirements because both citizenship and identity documents were approved. He or she is eligible for HWLA as long as the person meets all other HWLA eligibility requirements.</p> <p><input type="checkbox"/> The indicated person has not satisfied the new citizenship and identity requirements because both citizenship and/or identity documents were denied. Applicants are not eligible for HWLA until both citizenship and identity documents are submitted and approved.</p>	
Patient To Complete	
<p>I declare under penalty of perjury under the laws of California that I am not covered by Medi-Cal, Healthy Families, Access For Infants and Mothers (AIM) or commercial insurance and I was not covered by commercial insurance within last 90 days of my application date. Additionally, my financial circumstances have not changed since the effective date of my COI application or GR application. (Check the appropriate statement):</p> <p><input type="checkbox"/> I am a citizen or national of the United States or</p> <p><input type="checkbox"/> I am in satisfactory immigration status</p> <p>I have been instructed to provide verification of income.</p>	
<p>Patient/Responsible Relative Signature _____ Date: _____</p>	
Worker To Complete	
<p>To the best of my knowledge, I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.</p>	
<p>Worker Name (print) _____</p>	<p>Date: _____</p>
<p>Worker Signature _____</p>	<p>Phone No.: _____</p>



Revised 07/06/09

EXHIBIT C-1.A

**FUNDING, BILLING AND PAYMENT
UNMATCHED PROGRAM**

ALL COMMUNITY PARTNERS

1. FISCAL YEAR MAXIMUM OBLIGATION: Community Partner must manage contract funds over the entire term of this Agreement to ensure that sufficient funds are available to provide all required services to all Eligible Unmatched Program Patients.

A. County's reimbursement to Community Partner for July 1, 2011, through June 30, 2012, shall not exceed _____ Dollars (\$_____) in total ("Total Unmatched Program Maximum Obligation"). That portion of the Total Unmatched Program Maximum Obligation shall be _____ Dollars (\$_____) for the provision of Primary Care Services (Exhibit A-1 or A-2, as applicable); and _____ Dollars (\$_____) for the provision of Specialty Care Services (Exhibit A-3), and _____ Dollars (\$_____) for the provision of Dental Care Services (Exhibit A-4). In the event of under or over-performance of services, County shall have the discretion to adjust Community Partner's funding pursuant to Paragraph 2D of this Exhibit.

Community Partner's Total Unmatched Program Maximum Obligation shall be allocated across all Service Planning Areas (SPAs) in which Community Partner provides services as set forth in Attachment I, HWLA Health Care Initiative Allocation, attached hereto and incorporated herein by this reference.

B. County's maximum obligation to Community Partner for the period of July 1, 2011, through June 30, 2012, shall not exceed _____ Dollars (\$_____) for the provision of primary care services under this Agreement for the South Los

Angeles Preservation Fund Program (Preservation Fund). This allocation may not be redirected to any other service(s) provided under this Agreement.

C. County's reimbursement to Community Partner for July 1, 2012, through June 30, 2013, shall not exceed __Dollars (\$_____) in total. That portion of the Total Unmatched Program Maximum Obligation shall be _ Dollars (\$_____) for the provision of Primary Care Services (Exhibit A-1 or A-2, as applicable) Dollars (\$_____) for the provision of Specialty Care Services (Exhibit A-3) , and ____Dollars (\$_____) for the provision of Dental Care Services (Exhibit A-4). In the event of under or over-performance of services, County shall have the discretion to adjust Community Partner's funding pursuant to Paragraph 2D of this Exhibit.

Community Partner's Total Unmatched Program Maximum Obligation shall be allocated across all Service Planning Areas (SPAs) in which Community Partner provides services as set forth in Attachment I, HWLA Health Care Initiative Allocation, attached hereto and incorporated herein by this reference.

D. County's maximum obligation to Community Partner for the period of July 1, 2012, through June 30, 2013, shall not exceed ____ Dollars (\$_____) for the provision of primary care services under this Agreement for the Preservation Fund Program. This allocation may not be redirected to any other service(s) provided under this Agreement.

E. County's reimbursement to Community Partner for July 1, 2013, through December 31, 2013, shall not exceed ____Dollars (\$_____) in total. That portion of the Total Unmatched Program Maximum Obligation shall be

_____Dollars (\$_____) for the provision of Primary Care Services (Exhibit A-1 or A-2, as applicable); and _____Dollars (\$_____) for the provision of Specialty Care Services (Exhibit A-3), and _____Dollars (\$_____) for the provision of Dental Care Services (Exhibit A-4). In the event of under or over-performance of services, County shall have the discretion to adjust Community Partner's funding pursuant to Paragraph 2D of this Agreement.

Community Partner's Total Unmatched Program Maximum Obligation shall be allocated across all Service Planning Areas (SPAs) in which Community Partner provides services as set forth in Attachment I, HWLA Health Care Initiative Allocation, attached hereto and incorporated herein by this reference.

F. County's maximum obligation to Community Partner for the period of July 1, 2013, through December 31, 2013, shall not exceed _____Dollars (\$_____) for the provision of primary care services under this Agreement for the Preservation Fund Program. This allocation may not be redirected to any other service(s) provided under this Agreement.

2. FUNDING ADJUSTMENTS:

A. "Allocation Methodology Formula": As used in this Paragraph 2, the term "Allocation Methodology Formula" shall mean the methodology approved by County's Board of Supervisors on April 22, 2008, based on a formula of 100% unmet need, which Formula is intended to address funding inequities between DHS SPAs. A true and correct copy of the County's Allocation Methodology Formula is attached hereto as Attachment II and incorporated herein by this reference.

B. Fiscal Year Close Assessment: If, upon the conclusion of any Fiscal Year that this Agreement is in effect, County determines that any portion of the funds budgeted for expenditure within the former PPP Program (now the HWLA Initiative's Unmatched Program) was not expended, Director may, at his/her sole discretion, and upon prior, written notice to the Chief Executive Officer, County Counsel and the County's Board of Supervisors, "roll forward" any such unexpended funds from the Fiscal Year in which they were not expended to the next Fiscal Year. The authority to "roll forward" shall begin with Fiscal Year 2010-11.

Director may, at his/her sole discretion, administratively allocate such funds, if available, to existing providers in accordance with Attachment II, Allocation Methodology Formula, for services under this Agreement beginning with County Fiscal Year 2011-2012 (July 1 through June 30) on a one-time only basis for each Fiscal Year that the Agreement is in effect. Allocation of such funds will occur after DHS' Division of Ambulatory Care conducts a Request for Information ("RFI") process as defined on sub-paragraph D hereunder.

Notwithstanding the foregoing, funds available to the Unmatched Program as a result of the early termination of an HWLA Initiative's Unmatched Program agreement or the failure of a potential Unmatched Program provider to execute a HWLA Initiative agreement shall not be considered "unexpended funds." Accordingly, funds from these sources, at the Director's sole discretion, shall be re-allocated to existing providers in the SPA(s) to which the funds were originally allocated in order to maintain services for patients impacted by the early termination or failure of the potential provider to execute its agreement.

C. Transfer of Funds: County and Community Partner acknowledge that a portion of Community Partners in the Unmatched Program maintain multiple service sites and/or provide a breadth of services, including primary care, specialty care, and/or dental care. County and Community Partner acknowledge that such Community Partners may need to transfer funds between service sites or service categories, or both, in order to maximize the ability to provide patient care. County and Community Partner further acknowledge that a need to transfer funds between service sites or between service categories or both must be tempered against the Allocation Methodology Formula's goal of achieving funding equity between SPAs. Therefore, the parties agree that, if Community Partner is an Unmatched Program provider with multiple service sites or a provider of a breadth of services, Community Partner shall be permitted to request Director's approval to transfer funds as follows:

1. Funding Transfers Within a SPA: Once during each Fiscal Year that this Agreement is in effect, Community Partner may, upon written request to and written approval from County, transfer funds between its specialty and primary care service categories within the same SPA. Community Partner shall submit to Director a written request for any such transfer of funds. Within thirty (30) business days of receipt of complete and accurate documents, Director shall notify Community Partner whether the transfer of funds has been approved and, if approved, the effective date of such transfer. Such transfers will not be carried to the next Fiscal Year Maximum Obligation.

Any such transfer of funds shall be affected through an administrative amendment to the Agreement, which amendment shall require prior approval of the

Chief Executive Office and County Counsel. Community Partner shall not be permitted to transfer funds from a dental service category to any other service category, or to transfer funds from any other service category to a dental service category.

2. Other Funding Transfers: This subparagraph 2 shall apply to funding transfers: (a) between SPAs and within the same service category; and (b) between SPAs and between service Community Partner's primary and specialty care service categories.

Community Partner shall be permitted to request, in writing, a one-time only funding transfer as set forth in this subparagraph once in each Fiscal Year that this Agreement is in effect. Director may, at his/her sole discretion, and upon written request from Community Partner, permit or prohibit any such transfer of funds. Director shall consider the geographic proximity of the service sites impacted by the proposed transfer, the amount of funding requested for transfer, which amount is not to exceed ten percent (10%) of the Total Unmatched Program Maximum Obligation for each Fiscal Year, whether Community Partner's request demonstrates a compelling justification and whether that justification fits with the larger goal of the Unmatched Program to meet the needs of underserved patients. County shall issue a PIN setting forth further information on this transfer process.

To demonstrate a compelling justification for the transfer, Community Partner's written request shall set forth a detailed explanation to support the need for the transfer, including an estimate of the number of visits expected to be served. Community Partner's request shall be accompanied by a revised Workplan.

Within thirty (30) business days of receipt of complete and accurate documents, Director shall notify Community Partner whether the transfer of funds has been approved and, if approved, the effective date of such transfer. Director reserves the sole discretion to authorize a funding transfer that does not meet the criteria set forth herein if such transfer is in the best interest of the Unmatched Program, or the best interest of the Unmatched Program patients to be impacted by the proposed transfer, or both.

In the event that Director denies Community Partner's request to transfer funds, Community Partner shall have one opportunity to appeal the Director's decision. Community Partner's appeal shall be in writing and received by Director within ten (10) business days of the date of Director's decision. If Community Partner's appeal is received in a timely manner as defined herein, Director shall analyze the data and information provided by Community Partner, and respond in writing to Community Partner as to the final determination. Director's decision shall be final.

Any transfer of funds pursuant to this paragraph shall be effected through an administrative amendment to the Agreement, which amendment shall require prior approval of the Chief Executive Office and County Counsel.

D. Funding Reallocation of County's Fiscal Year Maximum Obligation Under this Agreement and Other HWLA Initiative Agreements: Notwithstanding any other provisions under this Agreement, Director may, at his/her sole discretion, administratively reallocate (increase or decrease) the funding under this Agreement

beginning with County Fiscal Year 2011-2012 (July 1 through June 30) on a one-time only basis for each Fiscal Year the Agreement is in effect.

Reallocation of funds will occur after DHS' Division of Ambulatory Care ("DAC") conducts a Request for Information ("RFI") process. DAC shall initiate this process through the issuance of a formal RFI to the County's Unmatched Program Partners. In the RFI, DAC will solicit from the Community Partners information as to each Community Partner's ability to provide additional services at existing service sites and/or new service sites.

In addition to considering each Community Partner's stated expansion plans and fiscal needs, DAC shall also consider the following: 1) each Community Partner's Performance Level through the date specified in the RFI; 2) each Community Partner's monthly accrued projections for each service through the date specified in the RFI; 3) DHS and Unmatched Program priorities; and, 4) the Community Partner's financial, programmatic, administrative compliance with its existing HWLA Initiative Program Services Agreement.

To determine a Community Partner's "Performance Level", Director shall calculate the dollar amount by which Community Partner is over performing or under performing under this Agreement according to the following projection formula:

DIVIDE:

Year-to-date Adjudicated Claims BY THE
Number of billing months

MULTIPLY TIMES:

Twelve months

EQUALS the Administratively Adjusted County Fiscal Year
Maximum Obligation

MINUS the County Fiscal Year Maximum Obligation

EQUALS the dollar amount over or under the County Fiscal Year Maximum Obligation

Absent extreme or extenuating circumstances, a Community Partner that shows a substantial "underperformance" service level or Community Partners who fail to provide their accrued projections for each service, in County's sole discretion, will not be considered for additional funding.

Additionally, if County determines that a Community Partner has a substantial "underperformance" service level or failed to provide accrued projections for any service, and notwithstanding that Community Partner has refrained from participating in any RFI process, County may, according to the process set forth hereunder, effect an amendment to Community Partner's existing HWLA Initiative Agreement to decrease Community Partner's maximum obligation(s) and reallocate that funding to other Community Partners that have participated or are participating in a RFI process.

DHS and HWLA Initiative Unmatched Program priorities will be based on initiatives driving DHS policy, Board of Supervisors' policies and priorities, the Allocation Methodology and the County's Strategic Plan.

Finally, a Community Partner's financial, programmatic, and administrative compliance will be determined by County's review of any annual monitoring reports issued under this Agreement and Community Partner's corrective action plans in response thereto.

In the event that a reallocation of funding occurs prior to County conducting its annual monitoring, such that monitoring reports and corrective action plans are not available, DAC shall determine a Community Partner's compliance in this area by reviewing all available quality assurance documentation on file with DAC and any documentation otherwise available to County related to Community Partner's performance of its HWLA Initiative Program Services Agreement.

Regardless of the means by which DAC determines compliance, and absent extreme or extenuating circumstances, at the Director's discretion, a Community Partner may not be considered for reallocation funding if a Community Partner or its subcontractor or its medical/dental practitioners have been the subject of one or more of the following actions: (a) disciplinary action by the State Medical and/or Dental Board(s) (i.e., licensure revocation, suspension, or probation); (b) professional malpractice judgment or settlements; (c) exclusion from participation in a federally funded health care program; or (d) proposed termination or actual termination of a County contract for quality of care reasons.

Community Partners, if affected by a funding increase but dissatisfied with the result of the RFI process, shall have the opportunity to appeal the Director's decision as a result of that process through the appeal procedure to be incorporated into that RFI process. The Director's determination shall be final.

Community Partner, if affected by a funding decrease, shall be given thirty (30) calendar days advance written notice of the proposed reallocation action by Director. Community Partner shall have one opportunity to appeal Director's proposed action, which shall be in writing and received by Director within ten (10)

calendar days of the date of such notice. If Community Partner's appeal is received in a timely manner as defined herein, Director shall analyze the data and information provided by Community Partner, and respond in writing to Community Partner as to the final funding decrease determined by Director under this Exhibit, but only after all appeals regarding contract funding reallocations for Unmatched Program, and all appeals in the RFI process, have been received and analyzed by Director, whose decision shall be final.

In any event, any such administrative funding reallocation: 1) shall not cause County to exceed the Board of Supervisors' approved total County maximum obligation for all Community Partners' Unmatched Program services for the subject County Fiscal Year; 2) shall require that Director inform the County Board of Supervisors and Chief Executive Officer of the final reallocation amounts by Board memo prior to such reallocations being implemented; and 3) shall take the form of an administrative amendment approved by County Counsel and executed by Director and Community Partner.

Any other funding increase or decrease to the County maximum obligation under this Agreement shall be effected only by a formal amendment pursuant to the ALTERATION OF TERMS Paragraph in the body of this Agreement, and by formal amendments to the other affected HWLA Initiative Program contract(s).

3. PATIENT BILLINGS: Community Partner shall not bill any Eligible Unmatched Program Patients receiving services hereunder, but may accept voluntary donations from those patients or their families, provided that such donations are not linked to the receipt of services nor are a condition of receipt of service hereunder. In the event

that Community Partner determines that a patient seeking services is eligible for services hereunder, but that the patient requires services beyond those encompassed in this Agreement, Community Partner shall be permitted to charge that patient for any and all services rendered in accordance with Community Partner's customary policies, procedures and practices pertaining to the provision of its services.

4. ELECTRONIC BILLINGS TO COUNTY: For Primary Care Services only, Community Partner shall use its best efforts to submit to County's Claims Adjudicator data elements substantially similar to those found on the CMS Form 1500, or other forms approved by Director ("Billing Form") within thirty (30) days of the service date. In no event shall Community Partner submit such claims later than August 15th of the following Fiscal Year. Claims submitted later than this timeframe will be rejected and will not be paid. As to Dental and Specialty Care Services, Community Partner shall use its best efforts to submit to County's Claims Adjudicator data elements substantially similar to those found on the dental and/or specialty Billing Form(s) heretofore approved by Director within thirty (30) days of the service date. In no event shall Community Partner submit such claims later than August 15th of the following Fiscal Year of the service date. Claims submitted later than this timeframe will be rejected and will not be paid. As to the ancillary services associated with the provision of dental and specialty care, Community Partner shall submit to County's Claims Adjudicator data elements substantially similar to those found on the dental and/or specialty Billing Form(s) heretofore approved by Director by August 15th of the following Fiscal Year. Claims submitted later than the timeframe will be rejected and will not be paid. Such data shall be submitted electronically for each visit provided to an Eligible Unmatched Program Patient monthly in arrears. None of Community Partner's

physicians or other providers shall separately bill County or Eligible Unmatched Program Patients or their families for services hereunder.

In the event that Community Partner must submit corrected claims, or in the event that Community Partner wishes to appeal a denied claim, all corrected or appealed claiming for all of any portion of any Fiscal Year that this Agreement is in is effect must be submitted to County's claims adjudicator no later than September 15th of the following Fiscal Year. Failure to adhere to this timeframe shall result in the denial of all the claim(s).

5. MANUAL BILLINGS TO COUNTY: If electronic billing between Community Partner and County's Claims Adjudicator is not operational, Community Partner shall use its best efforts to bill County's Claims Adjudicator manually using the Billing Form(s) completed in duplicate within thirty (30) days of the service date. In no event shall Community Partner submit such claims later than August 15th of the following Fiscal Year. Claims submitted later than this timeframe will be rejected and will not be paid. As to the ancillary services associated with the provision of dental and specialty care, Community Partner shall use its best efforts to bill County's Claims Adjudicator manually using the Billing Form(s) completed in duplicate by August 15th of the following Fiscal Year. Claims submitted later than this timeframe will be rejected and will not be paid. All manual information must be submitted on a Billing Form, as approved by Director. Community Partner shall retain one billing copy for its own records and shall forward the original billing copy to the County's Claims Adjudicator.

In the event that Community Partner must submit corrected claims, or in the event that Community Partner wishes to appeal a denied claim, all corrected or appealed claiming for all of any portion of any Fiscal Year that this Agreement is in is effect must be

submitted to County's claims adjudicator no later than September 15th of the following Fiscal Year. Failure to adhere to this timeframe shall result in the denial of all the claim(s).

6. BILLING GUIDELINES: Community Partner shall follow the billing guidelines contained in this Exhibit and as set forth in any PIN, which shall be provided to Community Partner as necessary according to the process set forth in this Agreement. Addresses, both electronic and U.S. mailing, for billing of County shall be provided to Community Partner prior to the commencement of services hereunder through a PIN. Community Partner shall not bill for Denti-Cal and/or Medi-Cal pending patients until the Denti-Cal and/or Medi-Cal application has been denied.

7. COUNTY'S MANUAL REPROCESSING OF COMMUNITY PARTNER'S DENIED AND CANCELED CLAIMS: If claims were denied or canceled through no fault of County or County's Claims Adjudicator, and solely through the fault of Community Partner, Community Partner shall pay County the appropriate County contract, per-claim fee billed County by County's Claims Adjudicator. Community Partner shall be advised by Director, by means of a PIN, of the current fee charged to County. The County shall recoup payment due from Community Partner for denied or canceled claims by requesting payment from Community Partner, which repayment shall be remitted forthwith by Community Partner to County by check made payable to the County of Los Angeles, or by withholding such amount from the usual monthly payment for Community Partner's services under this Agreement as an off-set.

8. RECORDS: Subject to the conditions and terms set forth in this Agreement, Community Partner agrees to make all billing, eligibility, and medical records immediately

available and open to inspection or review, subject to the applicable provisions of Federal and State law, during normal business hours, to Director, for inspection, audit, and copying.

Such records shall be retained in accordance with the RECORDS AND AUDITS Paragraph, subparagraph "A", Records of Services Rendered, of the ADDITIONAL PROVISIONS of this Agreement.

9. COUNTY'S FISCAL YEAR REIMBURSEMENT: Subject to the County's Fiscal Year Maximum Obligation Paragraph, County shall pay one hundred percent (100%) of the electronic and/or manual claims submitted by Community Partner on a monthly basis within thirty (30) days of the claims being processed by County's Claims Adjudicator, on condition that County's Claims Adjudicator first receives complete, correct, and timely Billing Forms or electronic billing, in accordance with its normal accounts payable procedures.

County's Claims Adjudicator may reconcile all claims against a Medi-Cal eligibility database before processing the claims for payment and deny any Medi-Cal eligible claim. In such event, Community Partner shall receive a Remittance Advice indicating: 1) eligible Medi-Cal denied claims, 2) other denied claims; 3) reason for denial; 4) summary of denied claims by reason code.

Community Partner shall maintain a system of record keeping that will allow Community Partner to determine when it has incurred seventy-five percent (75%) of the Contract's Total Unmatched Program Maximum Obligation. Upon occurrence of this event, Community Partner shall send written notification to the CEO, Division of Ambulatory Care.

Director shall have the discretion, on a periodic basis, to conduct a Medi-Cal reconciliation in which County shall reconcile some or all of the claims submitted by all Community Partners over the terms of their respective Agreements against a database containing the identities of all Medi-Cal eligible patients to determine whether any Community Partner has been reimbursed for services provided to Medi-Cal "eligible" patients.

If the final Medi-Cal reconciliation process indicates that Community Partner has been reimbursed for Medi-Cal eligible patients, following Director's written notice, County shall recoup any amounts owed to County by Community Partner by requesting payment from Community Partner, which repayment shall be remitted forthwith to County by check made payable to the County of Los Angeles, or by County withholding such amount from the usual monthly payment for Community Partner's services under this Agreement as an off-set.

Notwithstanding the foregoing, if Director determines at any time that Community Partner has been overpaid, the amount of the overpayment shall be either: 1) credited against any amounts due by the County to Community Partner or 2) paid within thirty (30) calendar days by Community Partner to County.

If Director determines that Community Partner has been underpaid, the amount of the underpayment shall be paid to Community Partner within thirty (30) days from the date the underpayment was determined. However, County shall not pay to Community Partner an amount in excess of the County maximum obligation under this Agreement, except as may be expressly specified elsewhere in Agreement.

10. PAYMENT RATES: Subject to the County's Fiscal Year Maximum Obligation Paragraph of this Exhibit, Community Partner shall be reimbursed as follows:

A. Primary Care: At the all-inclusive rate of Ninety-Four Dollars (\$94.00) per office/clinic visit rate for primary health care services and any ancillary services, as defined under Exhibit A-1.A or A-2.A, as applicable, of this Agreement, needed during or as a result of the visit;

B. Dental Care: At the rates set forth on Exhibit A-4.A, Attachment I, Dental Rates, following Denti-Cal Guidelines; and,

C. Specialty Care: At the applicable Medi-Cal Rates for Specialty Care Services in effect as of the date of service, but only for those specialty care services listed under Exhibit A-3.A of this Agreement by visit codes and procedures. All billing claims will identify services and procedures utilizing the American Medical Association's Current Procedural Terminology publication for specialty care services.

11. REIMBURSEMENT FOR PHARMACEUTICALS: When required by an Eligible Unmatched Program Patient, medically necessary, prescription and non-prescription (over the counter) drugs or medications, pharmaceutical and medical supplies (hereafter collectively "pharmaceuticals") shall be available without charge to the Eligible Unmatched Program Patient. Pharmaceutical supplies shall include supplies that are related to medication use and are typically dispensed by licensed pharmacies, such as lancets, syringes, and glucose meter strips. Community Partner may dispense drugs, medications, pharmaceutical and medical supplies on site or through a contractual arrangement with a licensed pharmacy.

As a condition precedent to County reimbursing Community Partner for the provision of pharmaceuticals as set forth in this Paragraph, Community Partner shall participate in all Patient Assistance Programs (PAPs) provided by individual pharmaceutical companies as set forth in Exhibit A-1 or A-2, and/or A-1.A or A-2.A, as applicable. Community Partner also shall submit on behalf of all of its Eligible Unmatched Program Patients applications for any applicable PAP as set forth in Exhibit A-1 or A-2, and/or A.1.A or A.2.A, as applicable. County shall not reimburse Community Partner for the provision of any pharmaceuticals unless the Eligible Unmatched Program Patient's PAP application has been rejected.

For the period July 1, 2011, through June 30, 2012, County shall reimburse Community Partner for pharmaceuticals as follows:

A. Primary Care: Community Partner shall not be reimbursed for pharmaceuticals. Community Partner shall be reimbursed for the provision of pharmaceuticals as part of the all inclusive rate for primary care set forth in Paragraph 10 of this Exhibit.

B. Dental Care: At the 340B drug acquisition cost currently in effect at the time of dispensing pursuant to the Veterans Health Care Act of 1992, which cost shall be determined by County on a quarterly basis. Community Partner shall not bill and shall not be reimbursed by County for pharmaceuticals Community Partner has received as a donation or which have been provided to Community Partner under another County contract. If no definitive 340B drug acquisition cost for a pharmaceutical provided an Eligible Unmatched Program Patient exists, County shall have no obligation to reimburse Community Partner for that pharmaceutical.

C. Specialty Care: At the 340B drug acquisition cost currently in effect at the time of dispensing pursuant to the Veteran's Health Care Act of 1992, which cost shall be determined by County on a quarterly basis. Community Partner shall not bill and shall not be reimbursed by County for pharmaceuticals Community Partner has received as a donation or which have been provided to Community Partner under another County contract. If no definitive 340B drug acquisition cost for a pharmaceutical provided an Eligible Unmatched Program Patient exists, County shall have no obligation to reimburse Community Partner for that pharmaceutical.

For the period July 1, 2012, through December 31, 2013, and as to the Unmatched Dental and Specialty Care Programs only, County shall reimburse Community Partner separately for pharmaceuticals provided to Eligible Unmatched Program Patients at a rate of Four Dollars (\$4.00) per 30-day supply for medications. County shall designate in its Approved DHS Drug Formulary for the HWLA Initiative (hereafter "Formulary") which pharmaceuticals are to be reimbursed at this rate. Such reimbursement shall include any and all pharmacy dispensing fees.

For pharmaceuticals that are not designated in the Formulary for reimbursement at the Four Dollars (\$4.00) per 30-day supply rate, County shall reimburse Community Partner at the 340B drug acquisition cost in effect at the time of processing the claim. County shall reimburse Community Partner an additional Nine Dollars (\$9.00) dispensing fee per prescription for drugs reimbursed at the 340B acquisition cost. County shall provide this dispensing fee only for pharmaceuticals dispensed by California licensed pharmacies. Pharmaceuticals

provided by Community Partner through an on-site dispensary shall not qualify for the dispensing fee. Pharmaceuticals provided through a PAP shall not qualify for a dispensing fee.

Community Partner shall bill County on an itemized basis for each Eligible Unmatched Program Patient using the claim form to be provided to Community Partner through the PIN process. Community Partner shall not bill for pharmaceuticals Community Partner has received as a donation, through any PAP, or which have been provided to Community Partner under another County contract. Community Partner shall not bill pharmaceuticals for which it obtains any form of reimbursement from any other source. If no definitive 340B drug acquisition cost for a pharmaceutical provided to an Eligible Unmatched Program Patient exists, County shall have no obligation to reimburse Community Partner for that pharmaceutical or to pay any associated dispensing fee or both.

12. REIMBURSEMENT FOR ANCILLARY SERVICES, SPECIALTY CARE ONLY: Community Partner shall be reimbursed for the provision of laboratory and radiology services provided during or as the result of specialty care services to an Eligible Unmatched Program Patient at the applicable Medi-Cal Rates for such ancillary services in effect as of the date of service, but only for those ancillary services listed under Exhibit A-3 of this Agreement by visit codes and procedures. All billing claims will identify services and procedures utilizing the American Medical Association's Current Procedural Terminology publication for specialty care services.

13. CLAIMING FOR MEDICAL AND MENTAL HEALTH VISITS IN THE SAME DAY: Community Partner shall be entitled only to payment for one visit for the same

patient during the same day, even if such Community Partner provides services by both mental health professionals and non-mental health professionals on the same day.

Further, if County determines that Community Partner has submitted claims for billable visits to the same patient on the same day under this Agreement and under any agreement between Community Partner and the County for the provision of mental health services, then either the County Department of Mental Health ("County DMH") or County DHS shall be entitled to recover from Community Partner all payment amounts in excess of the payment that would be made for a single billable visit. Accordingly, Community Partner shall be entitled to retain only the amount it would have been entitled to receive for one billable visit under one agreement.

County DHS and County DMH shall prepare a protocol which shall set forth which entity shall have the right to recoup such overpayment. County shall provide this protocol to Community Partner through the PIN process. At the request of County DMH or County DHS, Community Partner shall provide such information as is necessary for the County to determine under its protocol which Department is responsible for paying for the visit.

EXHIBIT C-2.A

HWLA INITIATIVE MATCHED ESTIMATED EXPENDITURES, BILLING AND PAYMENT FQHC/FQHC LOOKALIKE COMMUNITY PARTNERS

1. ESTIMATED EXPENDITURES FOR PRIMARY CARE: Community Partner understands that services provided under the HWLA Initiative's Matched Program are funded in whole or in part by the Demonstration Project. County's reimbursement to Community Partner is contingent upon continuation of Federal approval of the Demonstration Project and approval of Federal matching funds for the HWLA Initiative's Matched Program under this Agreement.

Community Partner's HWLA Health Care Initiative Allocation is set forth on Attachment I, attached hereto and incorporated herein by this reference. For purposes of budgetary planning for the parties, and not as a means to restrict enrollment in the Matched Program, the following shall constitute the estimated funding expenditures for Primary Care Services that Community Partner shall have for each Fiscal Year or portion thereof that this Agreement is in effect:

A. Community Partner's estimated Matched Program expenditures for July 1, 2011, through June 30, 2012, shall be _____ Dollars (\$_____) in total ("Total Estimated Matched Program Expenditures").

B. Community Partner's Total Estimated Matched Program Expenditures for July 1, 2012, through June 30, 2013, shall be _____ Dollars (\$_____).

C. Community Partner's Total Estimated Matched Program Expenditures for July 1, 2013, through December 31, 2013, shall be _____

Dollars (\$_____).

2. MAXIMUM OBLIGATION FOR SPECIALTY CARE: Community Partner shall maintain a system of record keeping that will allow Community Partner to determine when it has incurred seventy-five percent (75%) of the Maximum Obligation for Specialty Care for any Fiscal Year or part thereof that this Agreement is in effect. Upon incurring 75% of the Maximum Obligation for Specialty Care, Community Partner shall send written notification to the CEO of the Division of Ambulatory Care. Upon receipt of Community Partner's notice, the CEO of the Division of Ambulatory Care shall contact Community Partner to institute a process for the referral of patients to DHS for specialty care.

If Community Partner provides specialty care services on site, or if Community Partner refers patients for specialty care, the following shall constitute the Maximum Obligation for Specialty Care services that Community Partner shall have for each Fiscal Year or portion thereof that this Agreement is in effect:

A. County's reimbursement to Community Partner for July 1, 2011, through June 30, 2012, shall not exceed _____ Dollars (\$_____) for the provision of Specialty Care Services (Exhibit A-3).

B. County's reimbursement to Community Partner for July 1, 2012, through June 30, 2013, shall not exceed _____ Dollars (\$_____) for the provision of Specialty Care Services (Exhibit A-3).

C. County's reimbursement to Community Partner for July 1, 2013, through December 30, 2013, shall not exceed _____ Dollars (\$_____) for the provision of Specialty Care Services (Exhibit A-3).

Notwithstanding for the foregoing, in the event that Community Partner elects to access specialty care providers pursuant to the CHAIN Program operated by AIDS Healthcare Foundation under the County's HIV/AIDS Outpatient Medical Services Agreement, Number 209007-15, or any successor agreement thereto, which agreement is administered by the Los Angeles County DPH, any and all costs associated with the provision of specialty care shall be reimbursed pursuant to that separate agreement.

D. Funding Reallocation of County's Fiscal Year Maximum Obligation for Specialty Care Under this Agreement and Other HWLA Initiative Agreements:

Notwithstanding any other provisions under this Agreement, Director may, at his/her sole discretion, administratively reallocate (increase or decrease) the Maximum Obligation for Specialty Care under this Agreement beginning with County Fiscal Year 2012-2013 (July 1 through June 30) on a one-time only basis for each Fiscal Year the Agreement is in effect.

Reallocation of funds will occur after DHS' Division of Ambulatory Care ("DAC") conducts a Request for Information ("RFI") process. DAC shall initiate this process through the issuance of a formal RFI to the County's Matched Specialty Program Partners. In the RFI, DAC will solicit from the Community Partners information as to each Community Partner's ability to provide additional specialty care services at existing service sites and/or new service sites.

In addition to considering each Community Partner's stated expansion plans and fiscal needs, DAC shall also consider the following: 1) each Community Partner's Performance Level through the date specified in the RFI; 2)

each Community Partner's monthly accrued projections for each service through the date specified in the RFI; 3) DHS and Matched Specialty Program priorities; and, 4) the Community Partner's financial, programmatic, administrative compliance with its existing HWLA Initiative Program Services Agreement.

To determine a Community Partner's "Performance Level", Director shall calculate the dollar amount by which Community Partner is over performing or under-performing under this Agreement according to the following projection formula:

DIVIDE:
Year-to-date Adjudicated Claims BY THE
Number of billing months

MULTIPLY TIMES:
Twelve months

EQUALS the Administratively Adjusted County Fiscal Year
Maximum Obligation

MINUS the County Fiscal Year Maximum Obligation

EQUALS the dollar amount over or under the County Fiscal Year
Maximum Obligation

Absent extreme or extenuating circumstances, a Community Partner that shows a substantial "underperformance" service level or Community Partners who fail to provide their accrued projections for each service, in County's sole discretion, will not be considered for additional funding.

Additionally, if County determines that a Community Partner has a substantial "underperformance" service level or failed to provide accrued projections for any service, and notwithstanding that Community Partner has refrained from participating in any RFI process, County may, according to the

process set forth hereunder, effect an amendment to Community Partner's existing HWLA Initiative Agreement to decrease Community Partner's Maximum Obligation for Specialty Care and reallocate that funding to other Community Partners that have or are participating in a RFI process.

DHS and HWLA Initiative Matched Specialty Program priorities will be based on initiatives driving DHS policy, Board of Supervisors' policies and priorities, and the County's Strategic Plan.

Finally, a Community Partner's financial, programmatic, and administrative compliance will be determined by County's review of any annual monitoring reports issued under this Agreement and Community Partner's corrective action plans in response thereto.

In the event that a reallocation of funding occurs prior to County conducting its annual monitoring, such that monitoring reports and corrective action plans are not available, DAC shall determine a Community Partner's compliance in this area by reviewing all available quality assurance documentation on file with DAC and any documentation otherwise available to County related to Community Partner's performance of its HWLA Initiative Program Services Agreement.

Regardless of the means by which DAC determines compliance, and absent extreme or extenuating circumstances, at the Director's discretion, a Community Partner may not be considered for reallocation funding if a Community Partner or its subcontractor or its medical/dental practitioners have been the subject of one or more of the following actions: (a) disciplinary action by

the State Medical and/or Dental Board(s) (i.e., licensure revocation, suspension, or probation); (b) professional malpractice judgment or settlements; (c) exclusion from participation in a federally funded health care program; or (d) proposed termination or actual termination of a County contract for quality of care reasons.

Community Partners, if affected by a funding increase but dissatisfied with the result of the RFI process, shall have the opportunity to appeal the Director's decision as a result of that process through the appeal procedure to be incorporated into that RFI process. The Director's determination shall be final.

Community Partner, if affected by a funding decrease, shall be given thirty (30) calendar days advance written notice of the proposed reallocation action by Director. Community Partner shall have one opportunity to appeal Director's proposed action, which shall be in writing and received by Director within ten (10) calendar days of the date of such notice. If Community Partner's appeal is received in a timely manner as defined herein, Director shall analyze the data and information provided by Community Partner, and respond in writing to Community Partner as to the final funding decrease determined by Director under this Exhibit, but only after all appeals regarding contract funding reallocations for the Matched Specialty Care Program, and all appeals in the RFI process, have been received and analyzed by Director, whose decision shall be final.

In any event, any such administrative funding reallocation: 1) shall not cause County to exceed the Board of Supervisors' approved total County maximum obligation for all Community Partners' Matched Specialty Program

services for the subject County Fiscal Year; 2) shall require that Director inform the County Board of Supervisors and Chief Executive Officer of the final reallocation amounts by Board memo prior to such reallocations being implemented; and 3) shall take the form of an administrative amendment approved by County Counsel and executed by Director and Community Partner.

Any other funding increase or decrease to the County maximum obligation under this Agreement shall be effected only by a formal amendment pursuant to the ALTERATION OF TERMS Paragraph in the body of this Agreement, and by formal amendments to the other affected HWLA Initiative Program contract(s).

3. PATIENT BILLINGS: Community Partner shall not bill any Eligible Matched Program Patients receiving services hereunder, but may accept voluntary donations from those patients or their families, provided that such donations are not linked to the receipt of services nor are a condition of receipt of service hereunder. In the event that Community Partner determines that a patient seeking services is eligible for services hereunder, but that the patient requires services beyond those encompassed in this Agreement, Community Partner shall be permitted to charge that patient for any and all services rendered in accordance with Community Partner's customary policies, procedures and practices pertaining to the provision of its services.

4. BILLING:

A. Primary Care:

1. Electronic Billing: Community Partner shall submit to County's Claims Adjudicator data elements substantially similar to those found on the Federal Centers for Medicare and Medicaid Services (CMS)

Form 1500, or other forms approved by Director (Billing Form). Community Partner shall use its best efforts to submit such data electronically for each visit provided to an Eligible Matched Program Patient within thirty (30) days of the service date. In no event shall Community Partner submit such data later than August 15th of the following Fiscal Year. As to the ancillary services associated with the provision of primary care, Community Partner shall use its best efforts to submit to County's Claims Adjudicator data elements substantially similar to those found on the Billing Form within thirty (30) days of the service date. In no event shall Community Partner submit such data later than August 15th of the following Fiscal Year. Any claim submitted later than this timeframe will be rejected and will not be paid. None of Community Partner's physicians or other providers shall separately bill County or Eligible Matched Program Patients or their families for services hereunder.

2. Manual Billing: If electronic billing between Community Partner and County's Claims Adjudicator is not operational, Community Partner shall use its best efforts to bill County's Claims Adjudicator manually using the Billing Form completed in duplicate within thirty (30) days of the service date. In no event shall Community Partner submit such claims later than August 15th of the Following Fiscal Year. As to the ancillary services associated with the provision of primary care, Community Partner shall use its best efforts to bill County's Claims Adjudicator manually using the Billing Form completed in duplicate within

thirty (30) days of the service date. In no event shall Community Partner submit such claims later than August 15th of the following Fiscal Year. Any claim submitted later than this timeframe will be rejected and will not be paid. All manual information must be submitted on a Billing Form, as approved by Director. Community Partner shall retain one billing copy for its own records and shall forward the original billing copy to the County's Claims Adjudicator.

3. In the event that Community Partner must submit corrected claims, or in the event that Community Partner wishes to appeal a denied claim, all corrected or appealed claiming for all or any portion of any Fiscal Year that this Agreement is in effect must be submitted to County's claims adjudicator no later than September 15th of the following Fiscal Year. Failure to adhere to this timeframe shall result in the denial of the claim(s).

B. Specialty Care:

1. Electronic Billing: Community Partner shall submit to County's Claims Adjudicator data elements substantially similar to those found on the Specialty Billing Form approved by Director. Community Partner shall use its best efforts to submit such data electronically for each visit provided to an Eligible Matched Program Patient within thirty (30) days of the service date. In no event shall Community Partner submit such data later than August 15th of the following Fiscal Year. As to the ancillary services associated with the provision of specialty care, Community Partner shall use its best efforts to submit to County's Claims

Adjudicator data elements substantially similar to those found on the Billing Form within thirty (30) days of the service date. In no event shall Community Partner submit such data later than August 15th of the following Fiscal Year. Any claim submitted later than this timeframe will be rejected and will not be paid. None of Community Partner's physicians or other providers shall separately bill County or Eligible Matched Program Patients or their families for services hereunder.

2. Manual Billing: If electronic billing between Community Partner and County's Claims Adjudicator is not operational, Community Partner shall use its best efforts to bill County's Claims Adjudicator manually using the Specialty Billing Form completed in duplicate within thirty (30) days of the service date. In no event shall Community Partner submit such claims later than August 15th of the following Fiscal Year. As to the ancillary services associated with the provision of specialty care, Community Partner shall use its best efforts to bill County's Claims Adjudicator manually using the Billing Form completed in duplicate within thirty (30) days of the service date. In no event shall Community Partner submit such claims later than August 15th of the following Fiscal Year. Any claim submitted later than this timeframe will be rejected and will not be paid. All manual information must be submitted on the Billing Form. Community Partner shall retain one billing copy for its own records and shall forward the original billing copy to the County's Claims Adjudicator.

3. In the event that Community Partner must submit corrected claims, or in the event that Community Partner wishes to appeal a denied claim, all corrected or appealed claiming for all or any portion of any Fiscal Year that this Agreement is in effect must be submitted to County's claims adjudicator no later than September 15th of the following Fiscal Year. Failure to adhere to this timeframe shall result in the denial of the claim(s).

5. BILLING GUIDELINES: Community Partner shall follow the billing guidelines contained in this Exhibit and as set forth in any PINs, which shall be provided to Community Partner as necessary according to the process set forth in this Agreement. Addresses, both electronic and U.S. mailing, for billing of County shall be provided to Community Partner prior to the commencement of services hereunder through a PIN.

6. COUNTY'S MANUAL REPROCESSING OF COMMUNITY PARTNER'S DENIED AND CANCELED CLAIMS: If claims were denied through no fault of County or County's Claims Adjudicator, and solely through the fault of Community Partner, Community Partner shall pay County the appropriate County contract, per-claim fee billed County by County's Claims Adjudicator. Community Partner shall be advised by Director, by means of a PIN, of the current fee charged to County. The County shall recoup payment due from Community Partner for denied or canceled claims by requesting payment from Community Partner, which repayment shall be remitted forthwith by Community Partner to County by check made payable to the County of Los Angeles or by withholding such amount from the usual monthly payment for Community Partner's services under this Agreement as an off-set.

7. RECORDS: Subject to the conditions and terms set forth in the body of Agreement, Community Partner agrees to make all billing, eligibility, and medical records immediately available and open to inspection and review, subject to the applicable provisions of federal and State law, during normal business hours, to Director and authorized State and Federal representatives, for inspection, audit, and copying.

Such records shall be retained in accordance with the RECORDS AND AUDITS Paragraph, subparagraph "A", Records of Services Rendered, of the ADDITIONAL PROVISIONS of this Agreement.

8. COUNTY'S FISCAL YEAR REIMBURSEMENT: County shall pay one hundred percent (100%) of the electronic and/or manual claims submitted by Community Partner on a monthly basis within thirty (30) days of the claims being processed by County's Claims Adjudicator, on condition that County's Claims Adjudicator first receives complete, correct, and timely Billing Forms or electronic billing, in accordance with its normal accounts payable procedures.

County's Claims Adjudicator may reconcile all claims against a Medi-Cal eligibility database before processing the claims for payment and deny any Medi-Cal eligible claim. In such event, Community Partner shall receive a Remittance Advice indicating: 1) eligible Medi-Cal denied claims, 2) other denied claims; 3) reason for denial; 4) summary of denied claims by reason code.

Community Partner shall maintain a system of record keeping that will allow Community Partner to determine when it has incurred seventy-five percent (75%) of the Agreement's Maximum Obligation for Specialty Care. Upon occurrence of this event,

Community Partner shall send written notification to the CEO, Division of Ambulatory Care.

Director shall have the discretion, on a periodic basis, to conduct a Medi-Cal reconciliation in which County shall reconcile some or all of the claims submitted by all Community Partners over the terms of their respective Agreements against a database containing the identities of all Medi-Cal eligible patients to determine whether any Community Partner has been reimbursed for services provided to Medi-Cal "eligible" patients.

If the final Medi-Cal reconciliation process indicates that Community Partner has been reimbursed for Medi-Cal eligible patients, following Director's written notice, County shall recoup any amounts owed to County by Community Partner by requesting payment from Community Partner, which repayment shall be remitted forthwith to County by check made payable to the County of Los Angeles, or by County withholding such amount from the usual monthly payment for Community Partner's services under this Agreement as an off-set.

Notwithstanding the foregoing, if Director determines at any time that Community Partner has been overpaid, the amount of the overpayment shall be either: 1) credited against any amounts due by the County to Community Partner or 2) paid within thirty (30) calendar days by Community Partner to County.

If Director determines that Community Partner has been underpaid, the amount of the underpayment shall be paid to Community Partner within thirty (30) days from the date the underpayment was determined.

9. PAYMENT RATES: As a condition for payment for services rendered hereunder, Community Partner must provide to County the required eligibility documentation in accordance with the process set forth in Exhibit B-1.A of this Agreement.

For the period July 1, 2012, through no later than September 30, 2012, Community Partner shall be reimbursed at the payment rates set forth herein for patients providing an Attestation Form in accordance with the process set forth in Exhibit B.1.A. County shall deem those patients presumptively enrolled in the HWLA Matched Program. In the event that County is unable to verify the patient's Attestation Form, the patient will be disenrolled from the Matched Program and deemed Unmatched. Community Partner thereafter shall be reimbursed for services to that patient in accordance with the rates and process set forth in Exhibit C-1.A.

Payment rates shall be as follows:

A. Primary Care: As required under the terms of the Demonstration Project, Community Partner shall be reimbursed for the provision of Primary Care at either the Medi-Cal Prospective Payment System (PPS) Rate or One Hundred Nine Dollars (\$109.00) per visit, whichever is greater, for primary health care services as defined under this Agreement.

B. Specialty Care: Community Partner shall be reimbursed for the provision of Specialty Care at the Medi-Cal PPS Rate or One Hundred Nine Dollars (\$109.00) per visit, whichever is greater, for specialty care services provided directly by Community Partner. In the event that Community Partner refers the Eligible Matched Program Patient to an outside provider for Specialty

Care, reimbursement shall be at the Medicare Rate in effect for the specialty care service as of the date such service was rendered. In the event that Community Partner elects to access specialty care providers under the CHAIN Program pursuant to the separate agreement described in Paragraph 2 of this Exhibit, any and all costs associated with the provision of specialty care shall be reimbursed pursuant to that separate agreement or any successor agreement thereto.

C. "Matched Pending" Patients: Notwithstanding the foregoing, Community Partner shall be reimbursed for services provided to "Matched Pending" patients, as that term is defined in Exhibit B-1.A, at the rate of Ninety-Four Dollars (\$94.00) per visit. County shall have no obligation to reimburse Community Partner for services provided to any Matched Pending Patient unless and until Community Partner submits an application to the County in accordance with the process set forth in Exhibit B.1.A.

As to Primary Care, and as to Specialty Care services provided directly by Community Partner, upon County determining that the Matched Pending Patient is eligible for enrollment into the Matched Program, County shall remit to Community Partner the difference between the Matched Pending rate of Ninety-Four Dollars (\$94.00) and Community Partner's Medi-Cal PPS rate or One Hundred Nine Dollars (\$109.00) rate, as applicable. As to Specialty Care provided under a referral from Community Partner, County shall remit the difference between the Matched Pending rate of Ninety-Four Dollars (\$94.00) and the applicable Medicare Rate for the specialty service as of the date that service was rendered.

D. Adjustment to the Medi-Cal PPS Rate: In the event that Community Partner's Medi-Cal PPS Rate is either increased or decreased by action of the State at any time during the term of this Agreement, Director shall have the authority to either increase or decrease Community Partner's Medi-Cal PPS Rate to coincide with the rate set by the State.

In the event that Community Partner loses its status as a FQHC or FQHC Lookalike, for any reason whatsoever during the term of this Agreement, Contractor shall immediately notify County of its loss of status in writing. Failure to provide County such notice shall be a material breach of this Agreement upon which County may immediately terminate this Agreement. Director shall have the authority to adjust the rate paid to Community Partner so that the rate accords with that set forth for Non-FQHC Community Partners. Such adjustment shall be effective as of the date that Community Partner's FQHC or FQHC Lookalike status changed and shall be memorialized through an administrative amendment to this Agreement, which amendment shall be approved prior to execution by the County's Chief Executive Office and County Counsel.

In the event that County reimbursed Community Partner for claims at the Medi-Cal PPS rate even though Community Partner's FQHC or FQHC Lookalike designation lapsed, County shall be entitled to recoup from Community Partner the difference between the Medi-Cal PPS rate and the rate set forth for Non-FQHC Community Partners by: 1) crediting the amount to be recouped against any amounts due by the County to the Community Partner; or 2) by Community Partner remitting payment within thirty (30) calendar days of demand by County.

E. Payment Disallowances: If after reviewing Matched Program enrollment documents submitted by Community Partner, County determines that a patient does not meet the Matched Program eligibility requirements, or that a patient was not assigned to Community Partner's site(s) as the patient's medical home, County shall recoup the reimbursement for each ineligible patient visit by: 1) crediting the amount to be recouped against any amounts due by the County to Community Partner; or 2) by Community Partner remitting payment paid within thirty (30) calendar days of demand by County.

10. REIMBURSEMENT FOR ANCILLARY SERVICES

A. PHARMACEUTICALS:

When required by an Eligible Matched Program Patient or Matched Pending Patient, medically necessary, prescription and non-prescription (over the counter) drugs or medications, pharmaceutical and medical supplies (hereafter collectively "pharmaceuticals") shall be available without charge to the Eligible Matched Program Patient or Matched Pending Patient. Pharmaceutical supplies shall include supplies that are related to medication use and are typically dispensed by licensed pharmacies, such as lancets, syringes, and glucose meter strips. Community Partner may dispense drugs, medications, pharmaceutical and medical supplies on site or through a contractual arrangement with a licensed pharmacy.

1. As a condition precedent to County separately reimbursing Community Partner for the provision of pharmaceuticals as set forth in this sub-paragraph, Community Partner shall participate in all Patient

Assistance Programs (PAPs) provided by individual pharmaceutical companies as set forth in Exhibit A-1 or A-2 as applicable. Community Partner also shall submit on behalf of all of its Eligible Matched Program or Matched Pending Patients applications for any applicable PAP as set forth in Exhibit A-1 or A-2, as applicable. County shall not reimburse Community Partner for the provision of any pharmaceuticals unless the Eligible Matched or Matched Pending Program Patient's PAP application has been rejected.

For the period July 1, 2011, through October 31, 2011, County shall reimburse Community Partner separately for pharmaceuticals provided to Eligible Matched and Matched Pending Program Patients at the 340B drug acquisition cost currently in effect at the time of dispensing pursuant to the Veterans Health Care Act of 1992, which cost shall be determined by County on a quarterly basis. Community Partner shall bill County on an itemized basis for each Eligible Matched and Matched Pending Program Patient, using the claim form to be provided to Community Partner through the PIN process. Community Partner shall not bill and shall not be reimbursed by County for pharmaceuticals Community Partner has received as a donation or which have been provided to Community Partner under another County contract. Community Partner shall not bill and shall not be reimbursed by County for pharmaceuticals for which it obtains any form of reimbursement from any other source. If no definitive 340B drug acquisition cost for a pharmaceutical provided an

Eligible Matched Program Patient exists, County shall have no obligation to reimburse Community Partner for that pharmaceutical.

2. As a condition precedent to County separately reimbursing Community Partner for the provision of pharmaceuticals as set forth in this sub-paragraph, Community Partner shall participate in all PAPs provided by individual pharmaceutical companies as set forth in Exhibit A-1 or A-2 as applicable. Community Partner also shall submit on behalf of all of its Eligible Matched Program Patients applications for any applicable PAP as set forth in Exhibit A-1 or A-2, as applicable. County shall not reimburse Community Partner for the provision of any pharmaceuticals unless the Eligible Matched Program Patient's PAP application has been rejected.

For the period November 1, 2012, through June 30, 2012, County shall reimburse Community Partner separately for pharmaceuticals provided to Eligible Matched and Matched Pending Program Patients at the 340B drug acquisition cost currently in effect at the time of dispensing pursuant to the Veterans Health Care Act of 1992, which cost shall be determined by County on a quarterly basis. Community Partner shall bill County on an itemized basis for each Eligible Matched and Matched Pending Program Patient, using the claim form to be provided to Community Partner through the PIN process. Community Partner shall not bill and shall not be reimbursed by County for pharmaceuticals Community Partner has received as a donation or which have been provided to Community Partner under another County contract.

Community Partner shall not bill and shall not be reimbursed by County for pharmaceuticals for which it obtains any form of reimbursement from any other source. If no definitive 340B drug acquisition cost for a pharmaceutical provided an Eligible Matched Program Patient exists, County shall have no obligation to reimburse Community Partner for that pharmaceutical.

Notwithstanding the foregoing, County shall reimburse Community Partner at the rate of Four Dollars (\$4.00) for each pharmaceutical prescription which is dispensed through a licensed pharmacy and which is commonly available through a generic drug discount program operated by retail chains, including but not limited to, WalMart, Rite-Aid, Target, Walgreens and CVS. Such reimbursement shall include any and all pharmacy dispensing fees associated with the provision of such commonly available, generic discount pharmaceuticals. Community Partner shall bill County on an itemized basis for each Eligible Matched and Matched Pending Program Patient, using the claim form to be provided to Community Partner through the PIN process. For purposes of this Agreement, a "commonly available, generic discount pharmaceutical" shall mean one that is available at Four Dollars (\$4.00) per prescription price through retail pharmacy chains operating in Los Angeles County as of the date a prescription is written. County shall not reimburse Community Partner a separate dispensing fee, as set forth below, for these commonly available, generic discount pharmaceuticals.

County shall reimburse Community Partner at the rate of Nine Dollars (\$9.00) per prescription as a pharmacy dispensing fee, except for commonly available, generic discount pharmaceuticals, which shall be reimbursed at the rate set forth above. County shall pay this pharmacy dispensing fee only for the dispensing of "legend drugs" through a California licensed pharmacy. Community Partner shall bill County on an itemized basis for each Eligible Matched and Matched Pending Program Patient, using the claim form to be provided to Community Partner through the PIN process. For purposes of this Agreement, "legend drugs" shall mean drugs that are approved by the United States Food and Drug Administration and that are required by either federal or State law to be dispensed to the public only on prescription of a licensed physician or other licensed provider. County shall provide a dispensing fee only for legend drugs dispensed by California licensed pharmacies. Pharmaceuticals provided by Community Partner through an on-site dispensary shall not qualify for the dispensing fee. Non-prescription drugs, drugs provided through a PAP and medical supplies shall not qualify for a dispensing fee.

3. As a condition precedent to County separately reimbursing Community Partner for the provision of pharmaceuticals as set forth in this sub-paragraph, Community Partner shall participate in all PAPs provided by individual pharmaceutical companies as set forth in Exhibit A-1.A or A-2.A, as applicable. Community Partner also shall submit on behalf of all of

its Eligible Matched and Matched Pending Program Patients applications for any applicable PAP as set forth in Exhibit A-1.A or A-2.A. County shall not reimburse Community Partner for the provision of any pharmaceuticals unless the Eligible Matched or Matched Pending Program Patient's PAP application has been rejected

(a) Reimbursement Rates for Non-340B Contract Pharmacy Network Providers: For the period July 1, 2012, through December 31, 2013, County shall reimburse Community Partner separately for pharmaceuticals provided to Eligible Matched and Matched Pending Program Patients at a rate of Four Dollars (\$4.00) per 30-day supply for medications. County shall designate in its Approved DHS Primary Care Formulary and/or the Approved DHS Drug Formulary for the HWLA Initiative (hereafter collectively "Formularies") which medications are to be reimbursed at this rate. Such reimbursement shall include any and all pharmacy dispensing fees.

For pharmaceuticals that are not designated in the Formularies for reimbursement at the Four Dollars (\$4.00) per 30-day supply rate, County shall reimburse Community Partner at the 340B drug acquisition cost currently in effect at the time of processing the claim. County shall reimburse Community Partner an additional Nine Dollars (\$9.00) dispensing fee per prescription for pharmaceuticals reimbursed at the 340B acquisition cost. County shall provide this dispensing fee only for medications dispensed by California licensed pharmacies.

Pharmaceuticals provided by Community Partner through an on-site dispensary shall not qualify for the dispensing fee. Pharmaceuticals provided through a PAP shall not qualify for a dispensing fee.

Community Partner shall bill County on an itemized basis for each Eligible Matched and Matched Pending Patient, using the claim form to be provided to Community Partner through the PIN process. Community Partner shall not bill for pharmaceuticals Community Partner has received as a donation, through any PAP, or which have been provided to Community Partner under another County contract. Community Partner shall not bill pharmaceuticals for which it obtains any form of reimbursement from any other source. If no definitive 340B drug acquisition cost for a pharmaceutical provided to an Eligible Matched or Matched Pending Program Patient exists, County shall have no obligation to reimburse Community Partner for that pharmaceutical or to pay any associated dispensing fee or both.

The parties acknowledge that, from time-to-time, Eligible Matched and Matched Pending Program Patients will require the provision of pharmaceuticals as the result of an emergency room and/or urgent care visit or upon discharge from an inpatient facility. The parties further acknowledge that prescriptions for such pharmaceuticals will be provided to the Patient by health care practitioners who are not affiliated with, employed by or under contract with Community Partner and will be filled by licensed retail pharmacies. County shall reimburse Community Partner

for the costs associated with such prescriptions at the actual pharmacy cost incurred by the Community Partner for the dispensed pharmaceutical. Community Partner shall submit to County a Prior Authorization Request for the retail pharmacy claim with the original retail pharmacy receipt. County shall reimburse Community Partner pursuant to County's regular and customary claims adjudication process.

(b) Reimbursement Rates for 340B Contract Pharmacy Network Providers: In the event that Community Partner either is participating in, or elects to participate in, the 340B Contract Pharmacy network established by County pursuant to its agreement for 340B Contract Pharmacy Administrator Services, County Agreement Number H-705129, prescriptions dispensed to Community Partners Eligible Matched or Matched Pending Program Patients shall be reimbursed in accordance with the rates and processes set forth in that Agreement. County shall issue clarifying process instructions via the PIN process. Community Partner shall be reimbursed for mail delivery costs only for antiretroviral pharmaceuticals.

(c) Pharmaceutical Claim Processing: Community Partner shall use either of the following claims processes to obtain reimbursement from County. In no circumstance shall Community Partner submit the same claim under both processes. In the event that County determines that Community Partner has submitted and been paid for duplicate claims,

County shall have the right to recoup the costs associated with both claims.

(i) Claims Process for Non-340B Contract Pharmacy Network Providers: For Community Partners that are not participating in the County's 340B Contract Pharmacy Network as part of the County's separate agreement for 340B Contract Pharmacy Administrator Services, Community Partner shall bill County on an itemized basis for each Eligible Matched or Matched Pending Patient, using either the claim form to be provided to Community Partner through the PIN process or through County's contracted claims administrator.

(ii) Claims Process for 340B Contract Pharmacy Network Providers: For Community Partners that are participating in, or elect to participate in, the County's 340B Contract Pharmacy Network as part of the County's separate agreement for 340B Contract Pharmacy Administrator Services, claims for prescriptions dispensed to Community Partners' Eligible Matched or Matched Pending Program Patients shall be reimbursed pursuant to the process set forth in that Agreement.

B. Laboratory and Radiology: For the period July 1, 2011, through December 31, 2013, Community Partner shall be separately reimbursed for the provision of laboratory and radiology services provided to an Eligible Matched or Matched Pending Program Patient at the lesser of Community Partner's actual

cost for the ancillary service or the Medi-Cal rate in effect at the time of the provision of the ancillary service.

C. Medi-Cal PPS Rate Representation, Warranty and Indemnification:

County shall not reimburse Community Partner for any ancillary service if the costs associated with the ancillary service are included in Community Partner's PPS rate. Community Partner shall be separately reimbursed for the provision of ancillary services, as set forth in this Paragraph, on condition that it represents and warrants to County, no later than July 15 of any Fiscal Year that this Agreement is in effect, in a written certification signed under penalty of perjury by the Community Partner's senior financial officer, or, if no such position exists, by its Executive Director, that all claims for separately reimbursed ancillary services for which Community Partner will be submitting in the coming Fiscal Year are the type of services (1) for which costs were excluded in the determination of the Community Partner's Medi-Cal PPS Rate; (2) the costs of which were not, and could not have been, later included by the State in Community Partner's PPS rate through a request for a Medi-Cal PPS Rate adjustment; and (3) would otherwise be reimbursable under the Medi-Cal Program as a separately paid service if these were Medi-Cal beneficiaries. For fiscal years beginning on or after July 1, 2012, Community Partner shall include in its certification a representation and warranty that all separate claims for ancillary services submitted in the prior fiscal year met these requirements. County shall provide Community Partner with the required certification letter through the PIN process.

In the event that Community Partner fails to submit the certification required under this Paragraph, County shall be entitled to recoup from Community Partner all payments for ancillary services made in the Fiscal Year for which certification was not submitted by: 1) crediting the amount to be recouped against any amounts due by the County to the Community Partner; or 2) by Community Partner remitting payment within thirty (30) calendar days of demand by County.

Community Partner shall indemnify, defend, and hold harmless County and its Special Districts, elected and appointed officers, employees, and agents from and against any and all liability, including but not limited to demands, claims, actions, fees, costs, expenses (including attorney and expert witness fees) damage recoveries that include a multiplier to actual damages, and penalties, against County in connection with any alleged violation of any State or Federal statutes or regulations, including those pertaining to the submission of false claims to either the State or Federal government, or both, and those leading to an administrative recovery of payments to the County, arising from or connected with Community Partner's submission of claims for ancillary services reimbursement under this Agreement.

11. REIMBURSEMENT FOR COSTS OF OUT-OF-STATE BIRTH CERTIFICATES: County shall reimburse Community Partner for the actual cost of obtaining out-of-state birth certificates for Eligible Matched Program Patients. On a quarterly basis, Community Partner shall invoice County for its actual costs in obtaining birth certificates for the preceding quarter. Community Partner's invoice shall include

the name and date of birth for each patient whose birth certificate was/were ordered. The cost of each birth certificate shall be accompanied by proof of payment to the respective state(s) from which each birth certificate was/were received. Community Partner shall submit invoices quarterly to:

HWLA Birth Certificate Coordinator
HWLA Program
Los Angeles County, Department of Health Services
1000 South Fremont Avenue, Building A-9 East, 2nd Floor
Alhambra, California 91803-8859

County shall reimburse Community Partner within sixty (60) days of receipt of a complete and accurate invoice.

12. CLAIMING FOR MEDICAL AND MENTAL HEALTH VISITS IN THE SAME DAY: Community Partner shall be entitled only to payment for one visit for the same patient during the same day, even if such Community Partner provides services by both mental health professionals and non-mental health professionals on the same day.

Further, if County determines that Community Partner has submitted claims for billable visits to the same patient on the same day under this Agreement and under any agreement between Community Partner and the County for the provision of mental health services, then either the County Department of Mental Health ("County DMH") or County DHS shall be entitled to recover from Community Partner all payment amounts in excess of the payment that would be made for a single billable visit. Accordingly, Community Partner shall be entitled to retain only the amount it would have been entitled to receive for one billable visit under one agreement.

County DHS and County DMH shall prepare a protocol which shall set forth which entity shall have the right to recoup such overpayment. County shall provide this protocol to Community Partner through the PIN process. At the request of County DMH or County DHS, Community Partner shall provide such information as is necessary for the County to determine under its protocol which Department is responsible for paying for the visit.

EXHIBIT C-3.A

HWLA INITIATIVE MATCHED ESTIMATED EXPENDITURES, BILLING AND PAYMENT NON-FQHC COMMUNITY PARTNERS

1. ESTIMATED EXPENDITURES: Community Partner understands that services provided under the HWLA Initiative's Matched Program are funded in whole or in part by the Demonstration Project. County's reimbursement to Community Partner is contingent upon continuation of Federal approval of the Demonstration Project and approval of Federal matching funds for the HWLA Initiative's Matched Program under this Agreement.

Community Partner's HWLA Health Care Initiative Allocation is set forth on Attachment I, attached hereto and incorporated herein by this reference. For purposes of budgetary planning for the parties, and not as a means to restrict enrollment in the Matched Program, the following shall constitute the estimated funding expenditures that Community Partner shall have for the provision of Primary Care Services for each Fiscal Year or portion thereof that this Agreement is in effect:

A. Community Partner's estimated Matched Program expenditures for July 1, 2011, through June 30, 2012, shall be _____ Dollars (\$_____) in total ("Total Estimated Matched Program Expenditures").

B. Community Partner's Total Estimated Matched Program Expenditures for July 1, 2012, through June 30, 2013, shall be _____ Dollars (\$_____).

C. Community Partner's Total Estimated Matched Program Expenditures for July 1, 2013, through December 31, 2013, shall be _____ Dollars (\$_____).

2. MAXIMUM OBLIGATION FOR SPECIALTY CARE: Community Partner shall maintain a system of record keeping that will allow Community Partner to determine when it has incurred seventy-five percent (75%) of the Maximum Obligation for Specialty Care for any Fiscal Year or part thereof that this Agreement is in effect. Upon occurrence of this event, Community Partner shall send written notification to the CEO of the Division of Ambulatory Care. Upon receipt of Community Partner's notice, the CEO of the Division of Ambulatory Care shall contact Community Partner to institute a process for the referral of patients to DHS for specialty care for which process is to be implemented upon Community Partner reaching its maximum obligation.

If Community Partner provides specialty care services on site, or if Community Partner refers patients for specialty care, the following shall constitute the Maximum Obligation for Specialty Care services that Community Partner shall have for each Fiscal Year or portion thereof that this Agreement is in effect:

A. County's reimbursement to Community Partner for July 1, 2011, through June 30, 2012, shall not exceed _____ Dollars (\$_____) for the provision of Specialty Care Services (Exhibit A-3).

B. County's reimbursement to Community Partner for July 1, 2012, through June 30, 2013, shall not exceed _____ Dollars (\$_____) for the provision of Specialty Care Services (Exhibit A-3).

C. County's reimbursement to Community Partner for July 1, 2013, through December 30, 2013, shall not exceed _____ Dollars (\$_____) for the provision of Specialty Care Services (Exhibit A-3).

Notwithstanding for the foregoing, in the event that Community Partner elects to access specialty care providers pursuant to the CHAIN Program operated by AIDS Healthcare Foundation under the County's HIV/AIDS Outpatient Medical Services Agreement, Number 209007-15, or any successor agreement thereto, which agreement is administered by the Los Angeles County DPH, any and all costs associated with the provision of specialty care shall be reimbursed pursuant to that separate agreement.

D. Funding Reallocation of County's Fiscal Year Maximum Obligation for Specialty Care Under this Agreement and Other HWLA Initiative Agreements:

Notwithstanding any other provisions under this Agreement, Director may, at his/her sole discretion, administratively reallocate (increase or decrease) the Maximum Obligation for Specialty Care under this Agreement beginning with County Fiscal Year 2012-2013 (July 1 through June 30) on a one-time only basis for each Fiscal Year the Agreement is in effect.

Reallocation of funds will occur after DHS' Division of Ambulatory Care ("DAC") conducts a Request for Information ("RFI") process. DAC shall initiate this process through the issuance of a formal RFI to the County's Matched Specialty Program Partners. In the RFI, DAC will solicit from the Community Partners information as to each Community Partner's ability to provide additional services at existing service sites and/or new service sites.

In addition to considering each Community Partner's stated expansion plans and fiscal needs, DAC shall also consider the following: 1) each Community Partner's Performance Level through the date specified in the RFI; 2) each

Community Partner's monthly accrued projections for each service through the date specified in the RFI; 3) DHS and Matched Specialty Program priorities; and, 4) the Community Partner's financial, programmatic, administrative compliance with its existing HWLA Initiative Program Services Agreement.

To determine a Community Partner's "Performance Level", Director shall calculate the dollar amount by which Community Partner is over performing or under-performing under this Agreement according to the following projection formula:

DIVIDE:

Year-to-date Adjudicated Claims BY THE
Number of billing months

MULTIPLY TIMES:

Twelve months

EQUALS the Administratively Adjusted County Fiscal Year
Maximum Obligation

MINUS the County Fiscal Year Maximum Obligation

EQUALS the dollar amount over or under the County Fiscal Year
Maximum Obligation

Absent extreme or extenuating circumstances, a Community Partner that shows a substantial "underperformance" service level or Community Partners who fail to provide their accrued projections for each service, in County's sole discretion, will not be considered for additional funding.

Additionally, if County determines that a Community Partner has a substantial "underperformance" service level or failed to provide accrued projections for any service, and notwithstanding that Community Partner has refrained from participating in any RFI process, County may, according to the process set forth

hereunder, effect an amendment to Community Partner's existing HWLA Initiative Agreement to decrease Community Partner's Maximum Obligation for Specialty Care and reallocate that funding to other Community Partners that have or are participating in a RFI process.

DHS and HWLA Initiative Matched Specialty Program priorities will be based on initiatives driving DHS policy, Board of Supervisors' policies and priorities, and the County's Strategic Plan.

Finally, a Community Partner's financial, programmatic, and administrative compliance will be determined by County's review of any annual monitoring reports issued under this Agreement and Community Partner's corrective action plans in response thereto.

In the event that a reallocation of funding occurs prior to County conducting its annual monitoring, such that monitoring reports and corrective action plans are not available, DAC shall determine a Community Partner's compliance in this area by reviewing all available quality assurance documentation on file with DAC and any documentation otherwise available to County related to Community Partner's performance of its HWLA Initiative Program Services Agreement.

Regardless of the means by which DAC determines compliance, and absent extreme or extenuating circumstances, at the Director's discretion, a Community Partner may not be considered for reallocation funding if a Community Partner or its subcontractor or its medical/dental practitioners have been the subject of one or more of the following actions: (a) disciplinary action by the State Medical and/or Dental Board(s) (i.e., licensure revocation, suspension, or probation); (b)

professional malpractice judgment or settlements; (c) exclusion from participation in a federally funded health care program; or (d) proposed termination or actual termination of a County contract for quality of care reasons.

Community Partners, if affected by a funding increase but dissatisfied with the result of the RFI process, shall have the opportunity to appeal the Director's decision as a result of that process through the appeal procedure to be incorporated into that RFI process. The Director's determination shall be final.

Community Partner, if affected by a funding decrease, shall be given thirty (30) calendar days advance written notice of the proposed reallocation action by Director. Community Partner shall have one opportunity to appeal Director's proposed action, which shall be in writing and received by Director within ten (10) calendar days of the date of such notice. If Community Partner's appeal is received in a timely manner as defined herein, Director shall analyze the data and information provided by Community Partner, and respond in writing to Community Partner as to the final funding decrease determined by Director under this Exhibit, but only after all appeals regarding contract funding reallocations for the Matched Specialty Care Program, and all appeals in the RFI process, have been received and analyzed by Director, whose decision shall be final.

In any event, any such administrative funding reallocation: 1) shall not cause County to exceed the Board of Supervisors' approved total County maximum obligation for all Community Partners' Matched Specialty Program services for the subject County Fiscal Year; 2) shall require that Director inform the County Board of Supervisors and Chief Executive Officer of the final reallocation amounts by Board

memo prior to such reallocations being implemented; and 3) shall take the form of an administrative amendment approved by County Counsel and executed by Director and Community Partner.

Any other funding increase or decrease to the County maximum obligation under this Agreement shall be effected only by a formal amendment pursuant to the ALTERATION OF TERMS Paragraph in the body of this Agreement, and by formal amendments to the other affected HWLA Initiative Program contract(s).

3. PATIENT BILLINGS: Community Partner shall not bill any Eligible Matched Program Patients receiving services hereunder, but may accept voluntary donations from those patients or their families, provided that such donations are not linked to the receipt of services nor are a condition of receipt of service hereunder. In the event that Community Partner determines that a patient seeking services is eligible for services hereunder, but that the patient requires services beyond those encompassed in this Agreement, Community Partner shall be permitted to charge that patient for any and all services rendered in accordance with Community Partner's customary policies, procedures and practices pertaining to the provision of its services.

4. BILLING:

A. Primary Care:

1. Electronic Billing: Community Partner shall submit to County's Claims Adjudicator data elements substantially similar to those found on the Federal Centers for Medicare and Medicaid Services (CMS) Form 1500, or other forms approved by Director (Billing Form). Community Partner shall use its best efforts to submit such data electronically for each visit provided

to an Eligible Matched Program Patient within thirty (30) days of the service date. In no event shall Community Partner submit such data later than August 15th of the following Fiscal Year. As to the ancillary services associated with the provision of primary care, Community Partner shall use its best efforts to submit to County's Claims Adjudicator data elements substantially similar to those found on the Billing Form within thirty (30) days of the service date. In no event shall Community Partner submit such data later than August 15th of the following Fiscal Year. Any claim submitted later than this timeframe will be rejected and will not be paid. None of Community Partner's physicians or other providers shall separately bill County or Eligible Matched Program Patients or their families for services hereunder.

2. Manual Billing: If electronic billing between Community Partner and County's Claims Adjudicator is not operational, Community Partner shall use its best efforts to bill County's Claims Adjudicator manually using the Billing Form completed in duplicate within thirty (30) days of the service date. In no event shall Community Partner submit such claims later than August 15th of the following Fiscal Year. As to the ancillary services associated with the provision of primary care, Community Partner shall use its best efforts to bill County's Claims Adjudicator manually using the Billing Form completed in duplicate within thirty (30) days of the service date. In no event shall Community Partner submit such claims later than August 15th of the following Fiscal Year. Any claim submitted later than this timeframe will be rejected and will not be paid. All manual information must be submitted on a Billing

Form, as approved by Director. Community Partner shall retain one billing copy for its own records and shall forward the original billing copy to the County's Claims Adjudicator.

3. In the event that Community Partner must submit corrected claims, or in the event that Community Partner wishes to appeal a denied claim, all corrected or appealed claiming for all or any portion of any Fiscal Year that this Agreement is in effect must be submitted to County's claims adjudicator no later than September 15th of the following Fiscal Year. Failure to adhere to this timeframe shall result in the denial of the claim(s).

B. Specialty Care:

1. Electronic Billing: Community Partner shall submit to County's Claims Adjudicator data elements substantially similar to those found on the Specialty Billing Form approved by Director. Community Partner shall use its best efforts to submit such data electronically for each visit provided to an Eligible Matched Program Patient within thirty (30) days of the service date. In no event shall Community Partner submit such data later than August 15th of the following Fiscal Year. As to the ancillary services associated with the provision of specialty care, Community Partner shall use its best efforts to submit to County's Claims Adjudicator data elements substantially similar to those found on the Billing Form within thirty(30) days of the service date. In no event shall Community Partner submit such data later than August 15th of the following Fiscal Year. Any claim submitted later than this timeframe will be rejected and will not be paid. None of Community Partner's physicians or

other providers shall separately bill County or Eligible Matched Program Patients or their families for services hereunder.

2. Manual Billing: If electronic billing between Community Partner and County's Claims Adjudicator is not operational, Community Partner shall use its best efforts to bill County's Claims Adjudicator manually using the Specialty Billing Form completed in duplicate within thirty (30) days of the service date. In no event shall Community Partner submit such claims later than August 15th of the following Fiscal Year. As to the ancillary services associated with the provision of specialty care, Community Partner shall use its best efforts to bill County's Claims Adjudicator manually using the Billing Form completed in duplicate within thirty (30) days of the service date. In no event shall Community Partner submit such claims later than August 15th of the following Fiscal Year. Any claim submitted later than this timeframe will be rejected and will not be paid. All manual information must be submitted on the Billing Form. Community Partner shall retain one billing copy for its own records and shall forward the original billing copy to the County's Claims Adjudicator.

3. In the event that Community Partner must submit corrected claims, or in the event that Community Partner wishes to appeal a denied claim, all corrected or appealed claiming for all or any portion of any Fiscal Year that this Agreement is in effect must be submitted to County's claims adjudicator no later than September 15th of the following year. Failure to adhere to this timeframe shall result in the denial of the claim(s).

5. BILLING GUIDELINES: Community Partner shall follow the billing guidelines contained in this Exhibit and as set forth in any PINs, which shall be provided to Community Partner as necessary according to the process set forth in this Agreement. Addresses, both electronic and U.S. mailing, for billing of County shall be provided to Community Partner prior to the commencement of services hereunder through a PIN.

6. COUNTY'S MANUAL REPROCESSING OF COMMUNITY PARTNER'S DENIED AND CANCELED CLAIMS: If claims were denied through no fault of County or County's Claims Adjudicator, and solely through the fault of Community Partner, Community Partner shall pay County the appropriate County contract, per-claim fee billed County by County's Claims Adjudicator. Community Partner shall be advised by Director, by means of a PIN, of the current fee charged to County. The County shall recoup payment due from Community Partner for denied or canceled claims by requesting payment from Community Partner, which repayment shall be remitted forthwith by Community Partner to County by check made payable to the County of Los Angeles or by withholding such amount from the usual monthly payment for Community Partner's services under this Agreement as an off-set.

7. RECORDS: Subject to the conditions and terms set forth in the body of Agreement, Community Partner agrees to make all billing, eligibility, and medical records immediately available and open to inspection and review, subject to the applicable provisions of federal and State law, during normal business hours, to Director and authorized State and Federal representatives, for inspection, audit, and copying.

Such records shall be retained in accordance with the RECORDS AND AUDITS Paragraph, subparagraph "A", Records of Services Rendered, of the ADDITIONAL PROVISIONS of this Agreement.

8. COUNTY'S FISCAL YEAR REIMBURSEMENT: County shall pay one hundred percent (100%) of the electronic and/or manual claims submitted by Community Partner on a monthly basis within thirty (30) days of the claims being processed by County's Claims Adjudicator, on condition that County's Claims Adjudicator first receives complete, correct, and timely Billing Forms or electronic billing, in accordance with its normal accounts payable procedures.

County's Claims Adjudicator may reconcile all claims against a Medi-Cal eligibility database before processing the claims for payment and deny any Medi-Cal eligible claim. In such event, Community Partner shall receive a Remittance Advice indicating: 1) eligible Medi-Cal denied claims, 2) other denied claims; 3) reason for denial; 4) summary of denied claims by reason code.

Community Partner shall maintain a system of record keeping that will allow Community Partner to determine when it has incurred seventy-five percent (75%) of the Agreement's Maximum Obligation for Specialty Care. Upon occurrence of this event, Community Partner shall send written notification to the CEO, Division of Ambulatory Care.

Director shall have the discretion, on a periodic basis, to conduct a Medi-Cal reconciliation in which County shall reconcile some or all of the claims submitted by all Community Partners over the terms of their respective Agreements against a database containing the identities of all Medi-Cal eligible patients to determine whether any

Community Partner has been reimbursed for services provided to Medi-Cal "eligible" patients.

If the final Medi-Cal reconciliation process indicates that Community Partner has been reimbursed for Medi-Cal eligible patients, following Director's written notice, County shall recoup any amounts owed to County by Community Partner by requesting payment from Community Partner, which repayment shall be remitted forthwith to County by check made payable to the County of Los Angeles, or by County withholding such amount from the usual monthly payment for Community Partner's services under this Agreement as an off-set.

Notwithstanding the foregoing, if Director determines at any time that Community Partner has been overpaid, the amount of the overpayment shall be either: 1) credited against any amounts due by the County to Community Partner; or 2) paid within thirty (30) calendar days by Community Partner to County.

If Director determines that Community Partner has been underpaid, the amount of the underpayment shall be paid to Community Partner within thirty (30) days from the date the underpayment was determined.

9. PAYMENT RATES: As a condition for payment for services rendered hereunder, Community Partner must provide to County the required eligibility documentation in accordance with the process set forth in Exhibit B-1.A of this Agreement.

For the period July 1, 2012, through no later than September 30, 2012, Community Partner shall be reimbursed at the payment rates set forth herein for patients providing an Attestation Form in accordance with the process set forth in Exhibit B.1.A. County shall deem those patients presumptively enrolled in the HWLA Matched Program. In the event

that County is unable to verify the patient's Attestation Form, the patient will be disenrolled from the Matched Program and deemed Unmatched. Community Partner thereafter shall be reimbursed for services to that patient in accordance with the rates and process set forth in Exhibit C-1.A.

Payment rates shall be as follows:

A. Primary Care: Community Partner shall be reimbursed for the provision of Primary Care at the rate of One Hundred Nine Dollars (\$109.00) per visit for primary health care as defined under this Agreement.

B. Specialty Care: Community Partner shall be reimbursed for the provision of Specialty Care at the rate of One Hundred Nine Dollars (\$109.00) per visit for specialty care services provided on site by Community Partner. In the event that Community Partner refers the Eligible Matched Program Patient to an outside provider for Specialty Care, reimbursement shall be at the Medicare Rate in effect for the specialty care service as of the date such service was rendered. In the event that Community Partner elects to access specialty care providers under the CHAIN Program pursuant to the separate agreement described in Paragraph 2C of this Exhibit, any and all costs associated with the provision of specialty care shall be reimbursed pursuant to that separate agreement or any successor agreement thereto.

C. "Matched Pending" Patients: Notwithstanding the foregoing, Community Partner shall be reimbursed for services provided to "Matched Pending" patients, as that term is defined in Exhibit B-1.A, at the rate of Ninety-Four Dollars (\$94.00) per visit. County shall have no obligation to reimburse Community Partner

for services provided to any Matched Pending Patient unless and until Community Partner submits an application to the County in accordance with the process set forth in Exhibit B-1.A

As to Primary Care, and as to Specialty Care services provided directly by Community Partner, upon County determining that the Matched Pending Patient is eligible for enrollment into the Matched Program, County shall remit to Community Partner the difference between the Matched Pending rate of Ninety-Four Dollars (\$94.00) and the One Hundred Nine Dollars (\$109.00) rate. As to Specialty Care provided under a referral from Community Partner, County shall remit the difference between the Matched Pending rate of Ninety-Four Dollars (\$94.00) and the applicable Medicare Rate for the specialty service as of the date that service was rendered.

D. Adjustment to Payment Rates: In the event that Community Partner obtains status as a FQHC or FQHC Lookalike during the term of this Agreement, and consistent with the terms of the Demonstration Project, Director shall have the authority to adjust the rate paid to Community Partner under this Agreement so that County reimburses Community Partner at the Medi-Cal PPS Rate which the State has established for Community Partner.

E. Payment Disallowances: If after reviewing Matched Program enrollment documents submitted by Community Partner, County determines that a patient does not meet the Matched Program eligibility requirements, or that a patient was not assigned to Community Partner's site(s) for the patient's medical home, County shall recoup the reimbursement for each ineligible patient visit by: 1)

crediting the amount to be recouped against any amounts due by the County to Community Partner; or 2) by Community Partner remitting payment paid within thirty (30) calendar days of demand by County.

10. REIMBURSEMENT FOR PHARMACEUTICALS:

When required by an Eligible Matched Program Patient or Matched Pending Patient, medically necessary, prescription and non-prescription (over the counter) drugs or medications, pharmaceutical and medical supplies (hereafter collectively "pharmaceuticals") shall be available without charge to the Eligible Matched Program Patient or Matched Pending Patient. Pharmaceutical supplies shall include supplies that are related to medication use and are typically dispensed by licensed pharmacies, such as lancets, syringes, and glucose meter strips. Community Partner may dispense drugs, medications, pharmaceutical and medical supplies on site or through a contractual arrangement with a licensed pharmacy.

1. As a condition precedent to County separately reimbursing Community Partner for the provision of pharmaceuticals as set forth in this sub-paragraph, Community Partner shall participate in all Patient Assistance Programs (PAPs) provided by individual pharmaceutical companies as set forth in Exhibit A-1 or A-2 as applicable. Community Partner also shall submit on behalf of all of its Eligible Matched Program or Matched Pending Patients applications for any applicable PAP as set forth in Exhibit A-1 or A-2, as applicable. County shall not reimburse Community Partner for the provision of any pharmaceuticals unless the Eligible Matched or Matched Pending Program Patient's PAP application has been rejected.

For the period July 1, 2011, through October 31, 2011, County shall reimburse Community Partner for pharmaceuticals provided to Eligible Matched and Matched Pending Program Patients at the 340B drug acquisition cost currently in effect at the time of dispensing pursuant to the Veterans Health Care Act of 1992, which cost shall be determined by County on a quarterly basis. Community Partner shall bill County on an itemized basis for each Eligible Matched and Matched Pending Program Patient, using the claim form to be provided to Community Partner through the PIN process. Community Partner shall not bill and shall not be reimbursed by County for pharmaceuticals Community Partner has received as a donation or which have been provided to Community Partner under another County contract. Community Partner shall not bill and shall not be reimbursed by County for pharmaceuticals for which it obtains any form of reimbursement from any other source. If no definitive 340B drug acquisition cost for a pharmaceutical provided an Eligible Matched Program Patient exists, County shall have no obligation to reimburse Community Partner for that pharmaceutical.

Notwithstanding any other provision of this Agreement, County shall not have any obligation to reimburse Community Partner for the provision of any pharmaceutical(s) to any Eligible Matched and Matched Pending Program Patient(s) after June 30, 2012. No later than April 1, 2012, the parties shall meet and confer to address reimbursement issues concerning the provision of pharmaceuticals. Any agreement of the parties in this regard shall be codified in a formal amendment to this Agreement.

2. As a condition precedent to County separately reimbursing Community Partner for the provision of pharmaceuticals as set forth in this sub-paragraph, Community Partner shall participate in all PAPs provided by individual pharmaceutical companies as set forth in Exhibit A-1 or A-2 as applicable. Community Partner also shall submit on behalf of all of its Eligible Matched Program Patients applications for any applicable PAP as set forth in Exhibit A-1 or A-2, as applicable. County shall not reimburse Community Partner for the provision of any pharmaceuticals unless the Eligible Matched Program Patient's PAP application has been rejected.

For the period November 1, 2012, through June 30, 2012, County shall reimburse Community Partner separately for pharmaceuticals provided to Eligible Matched and Matched Pending Program Patients at the 340B drug acquisition cost currently in effect at the time of dispensing pursuant to the Veterans Health Care Act of 1992, which cost shall be determined by County on a quarterly basis. Community Partner shall bill County on an itemized basis for each Eligible Matched and Matched Pending Program Patient, using the claim form to be provided to Community Partner through the PIN process. Community Partner shall not bill and shall not be reimbursed by County for pharmaceuticals Community Partner has received as a donation or which have been provided to Community Partner under another County contract. Community Partner shall not bill and shall not be reimbursed by County for pharmaceuticals for which it obtains any form of reimbursement from any other source. If no definitive 340B drug acquisition cost for

a pharmaceutical provided an Eligible Matched Program Patient exists, County shall have no obligation to reimburse Community Partner for that pharmaceutical.

Notwithstanding the foregoing, County shall reimburse Community Partner at the rate of Four Dollars (\$4.00) for each pharmaceutical prescription which is dispensed through a licensed pharmacy and which is commonly available through a generic drug discount program operated by retail chains, including but not limited to, WalMart, Rite-Aid, Target, Walgreens and CVS. Such reimbursement shall include any and all pharmacy dispensing fees associated with the provision of such commonly available, generic discount pharmaceuticals. Community Partner shall bill County on an itemized basis for each Eligible Matched and Matched Pending Program Patient, using the claim form to be provided to Community Partner through the PIN process. For purposes of this Agreement, a "commonly available, generic discount pharmaceutical" shall mean one that is available at Four Dollars (\$4.00) per prescription price through retail pharmacy chains operating in Los Angeles County as of the date a prescription is written. County shall not reimburse Community Partner a separate dispensing fee, as set forth below, for these commonly available, generic discount pharmaceuticals.

County shall reimburse Community Partner at the rate of Nine Dollars (\$9.00) per prescription as a pharmacy dispensing fee, except for commonly available, generic discount pharmaceuticals, which shall be reimbursed at the rate set forth above. County shall pay this pharmacy dispensing fee only for the dispensing of legend drugs through a California licensed pharmacy. Community Partner shall bill County on an itemized basis for each Eligible Matched and Matched Pending

Program Patient, using the claim form to be provided to Community Partner through the PIN process. For purposes of this Agreement, "legend drugs" shall mean drugs that are approved by the United States Food and Drug Administration and that are required by either federal or State law to be dispensed to the public only on prescription of a licensed physician or other licensed provider. County shall provide a dispensing fee only for legend drugs dispensed by California licensed pharmacies. Pharmaceuticals provided by Community Partner through an on-site dispensary shall not qualify for the dispensing fee. Non-prescription drugs, drugs provided through a PAP and medical supplies shall not qualify for a dispensing fee.

Notwithstanding any other provision of this Agreement, County shall not have any obligation to reimburse Community Partner for the provision of any pharmaceutical(s) to any Eligible Matched and Matched Pending Program Patient(s) after June 30, 2012. No later than April 1, 2012, the parties shall meet and confer to address reimbursement issues concerning the provision of pharmaceuticals. Any agreement of the parties in this regard shall be codified in a formal amendment to this Agreement.

3. As a condition precedent to County separately reimbursing Community Partner for the provision of pharmaceuticals as set forth in this sub-paragraph, Community Partner shall participate in all PAPs provided by individual pharmaceutical companies as set forth in Exhibit A-1.A or A-2.A, as applicable. Community Partner also shall submit on behalf of all of its Eligible Matched and Matched Pending Program Patients applications for any applicable PAP as set forth in Exhibit A-1.A or A-2.A. County shall not reimburse Community Partner for the

provision of any pharmaceuticals unless the Eligible Matched or Matched Pending Program Patient's PAP application has been rejected

(a) Reimbursement Rates for Non-340B Contract Pharmacy Network Providers: For the period July 1, 2012, through December 31, 2013, County shall reimburse Community Partner separately for pharmaceuticals provided to Eligible Matched and Matched Pending Program Patients at a rate of Four Dollars (\$4.00) per 30-day supply for medications. County shall designate in its Approved DHS Primary Care Formulary and/or the Approved DHS Drug Formulary for the HWLA Initiative (hereafter collectively "Formularies") which medications are to be reimbursed at this rate. Such reimbursement shall include any and all pharmacy dispensing fees.

For medications that are not designated in the Formularies for reimbursement at the Four Dollars (\$4.00) per 30-day supply rate, County shall reimburse Community Partner at the 340B drug acquisition cost currently in effect at the time of processing the claim. County shall reimburse Community Partner an additional Nine Dollars (\$9.00) dispensing fee per prescription for drugs reimbursed at the 340B acquisition cost. County shall provide this dispensing fee only for medications dispensed by California licensed pharmacies. Pharmaceuticals provided by Community Partner through an on-site dispensary shall not qualify for the dispensing fee. Drugs or medical supplies provided through a PAP shall not qualify for a dispensing fee.

Community Partner shall bill County on an itemized basis for each Eligible Matched and Matched Pending Patient, using the claim form to be provided to Community Partner through the PIN process. Community Partner shall not bill for pharmaceuticals Community Partner has received as a donation, through any PAP, or which have been provided to Community Partner under another County contract. Community Partner shall not bill pharmaceuticals for which it obtains any form of reimbursement from any other source. If no definitive 340B drug acquisition cost for a pharmaceutical provided to an Eligible Matched or Matched Pending Program Patient exists, County shall have no obligation to reimburse Community Partner for that pharmaceutical or to pay any associated dispensing fee or both.

The parties acknowledge that, from time-to-time, Eligible Matched and Matched Pending Program Patients will require the provision of pharmaceuticals as the result of an emergency room and/or urgent care visit or upon discharge from an inpatient facility. The parties further acknowledge that prescriptions for such pharmaceuticals will be provided to the Patient by health care practitioners who are not affiliated with, employed by or under contract with Community Partner and will be filled by licensed retail pharmacies. County shall reimburse Community Partner for the costs associated with such prescriptions at the actual pharmacy cost incurred by the Community Partner for the dispensed pharmaceutical. Community Partner shall submit to County a Prior Authorization Request for the retail pharmacy claim with the original retail pharmacy receipt. County shall

reimburse Community Partner pursuant to County's regular and customary claims adjudication process.

(b) Reimbursement Rates for 340B Contract Pharmacy Network Providers: In the event that Community Partner either is participating in, or elects to participate in, the 340B Contract Pharmacy network established by County pursuant to its agreement for 340B Contract Pharmacy Administrator Services, County Agreement Number H-705129, prescriptions dispensed to Community Partners Eligible Matched or Matched Pending Program Patients shall be reimbursed in accordance with the rates and processes set forth in that Agreement. County shall issue clarifying process instructions via the PIN process. Community Partner shall be reimbursed for mail delivery costs only for antiretroviral pharmaceuticals.

(c) Pharmaceutical Claim Processing: Community Partner shall use either of the following claims processes to obtain reimbursement from County. In no circumstance shall Community Partner submit the same claim under both processes. In the event that County determines that Community Partner has submitted and been paid for duplicate claims, County shall have the right to recoup costs associated with both claims:

(i) Claims Process for Non-340B Contract Pharmacy Network Providers: For Community Partners that are not participating in the County's 340B Contract Pharmacy Network as part of the County's separate agreement for 340B Contract Pharmacy Administrator Services, Community Partner shall bill County on an itemized basis for

each Eligible Matched or Matched Pending Patient, using either the claim form to be provided to Community Partner through the PIN process or through County's contracted claims administrator. It is the responsibility of Community Partner to ensure that no duplicate billing is submitted.

(ii) Claims Process for 340B Contract Pharmacy Network Providers: For Community Partners that are participating in, or elect to participate in, the County's 340B Contract Pharmacy Network as part of the County's separate agreement for 340B Contract Pharmacy Administrator Services, claims for prescriptions dispensed to Community Partners Eligible Matched or Matched Pending Program Patients shall be reimbursed pursuant to the process set forth in that Agreement.

11. REIMBURSEMENT FOR OTHER ANCILLARY SERVICES: For the period July 1, 2011, through December 31, 2013, Community Partner shall be reimbursed for the provision of laboratory and radiology services provided to an Eligible Matched and Matched Pending Program Patient at the lesser of Community Partner's actual cost for the ancillary service or the Medi-Cal rate in effect at the time of the provision of the ancillary service.

12. REIMBURSEMENT FOR COSTS OF OUT-OF-STATE BIRTH CERTIFICATES: County shall reimburse Community Partner for the actual cost of obtaining out-of-state birth certificates for Eligible Matched Program Patients. On a quarterly basis, Community Partner shall invoice County for its actual costs in obtaining birth certificates for the preceding quarter. Community Partner's invoice shall include the

name and date of birth for each patient whose birth certificate was/were ordered. The cost of each birth certificate shall be accompanied by proof of payment to the respective state(s) from which each birth certificate was/were received. Community Partner shall submit invoices quarterly to:

HWLA Birth Certificate Coordinator
HWLA Program
Los Angeles County, Department of Health Services
1000 South Fremont Avenue, Building A-9 East, 2nd Floor
Alhambra, California 91803-8859

County shall reimburse Community Partner within sixty (60) days of receipt of a complete and accurate invoice.

13. CLAIMING FOR MEDICAL AND MENTAL HEALTH VISITS IN THE SAME DAY: Community Partner shall be entitled only to payment for one visit for the same patient during the same day, even if such Community Partner provides services by both mental health professionals and non-mental health professionals on the same day.

Further, if County determines that Community Partner has submitted claims for billable visits to the same patient on the same day under this Agreement and under any agreement between Community Partner and the County for the provision of mental health services, then either the County Department of Mental Health ("County DMH") or County DHS shall be entitled to recover from Community Partner all payment amounts in excess of the payment that would be made for a single billable visit. Accordingly, Community Partner shall be entitled to retain only the amount it would have been entitled to receive for one billable visit under one agreement.

County DHS and County DMH shall prepare a protocol which shall set forth which entity shall have the right to recoup such overpayment. County shall provide this protocol

to Community Partner through the PIN process. At the request of County DMH or County DHS, Community Partner shall provide such information as is necessary for the County to determine under its protocol which Department is responsible for paying for the visit.